

APPENDIX B  
Black River Falls United Methodist Church  
Event Release Form

Participant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date and Time: \_\_\_\_\_

- I have a current Permission/Medical Release form on file at the church. The contact and medical information on that form is still accurate.
- I (parent/guardian) give permission for my son/daughter to participate in the event listed above. I understand that I will be contacted in case of medical and/or behavioral problems and, in extreme circumstances, may be asked to pick up my child.
- If my child/ren becomes ill or injured during the course of the above named event, I (parent/guardian) give permission for the adult leaders providing supervision of this event to seek medical treatment as deemed appropriate.

Permission to Transport Youth with One Adult in the vehicle:

I, the undersigned parent or guardian, do hereby give permission for my child,  
\_\_\_\_\_, to be transported to and/or from this event by  
\_\_\_\_\_.

Special Circumstances (ex: I will pick up my son/daughter early, I give permission for another parent to pick up my son/daughter, I have an alternate phone number for the evening, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
(signature of parent/guardian)

Date: \_\_\_\_\_