

**Glen Mar United Methodist Church  
2025-2026 Youth Ministry  
Activity Participation Agreement and Medical Waiver Form**

**Participant Information**

Name of participant: \_\_\_\_\_

Name of parents/guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

**Medical History (Please mark all that apply:)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Dietary restrictions:<br>_____ | <input type="checkbox"/> ADD / ADHD              | <input type="checkbox"/> Undergone surgery                           |
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Chronic/Recurring Illness                   |
| <input type="checkbox"/> Asperger syndrome              | <input type="checkbox"/> Joint Problems          | <input type="checkbox"/> Other Conditions or<br>Behavioral Concerns: |
| <input type="checkbox"/> Seizure Disorder               | <input type="checkbox"/> Mononucleosis (12 mos.) | _____  |
| <input type="checkbox"/> Hard of Hearing/Deaf           | <input type="checkbox"/> Substance Abuse         | _____  |
| <input type="checkbox"/> Back / Neck Injury             | <input type="checkbox"/> Past head injury        | _____  |
|   | <input type="checkbox"/> Learning Disability     | _____  |

Does your child have any allergies to any types of medications? Please List:

\_\_\_\_\_

Does your child have any FOOD allergies? Please List:

\_\_\_\_\_

Has your child ever sought professional help for mental/emotional issues? If so, please explain:

\_\_\_\_\_

Please indicate if your child is currently taking any medication (or will be) during activities.

Please list:

\_\_\_\_\_

Is ministry leader authorized to approve medical treatment?      Yes      No

Is participant covered by medical insurance?      Yes      No

Name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

**>>> Please see reverse side for Participation Agreement >>>**

## Participation Agreement (please sign)

I, the undersigned parent/guardian of \_\_\_\_\_, grant permission for my above named child (the Participant) to participate in activities sponsored by Glen Mar United Methodist Church of Ellicott City, MD, Middle School and High School Youth Ministry, September 1, 2025 – August 31, 2026. I give permission for the Participant to ride in any vehicle designated by the activity leader while attending and participating in activities sponsored by Glen Mar United Methodist Church. The information on this form will be saved for no longer than two program years. Forms and information will be stored in secure files until shredded. In the year of its use, only youth staff leadership and pastors will have access to the information.

I acknowledge that participation in youth activities and events may involve risk to the Participant and may result in various types of injury. I accept the risks of injury associated with participation in youth activities and transportation to and from authorized activities. I accept personal financial responsibility for any injury or other loss sustained during youth activities and transportation to and from authorized activities, as well as for any medical treatment rendered to the Participant that is authorized by the ministry leader or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, I release and promise to indemnify, defend, and hold harmless the Activity Sponsor from any injury arising directly or indirectly out of youth activities or transportation to and from authorized activities, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Parent/Guardian and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_