

**ADDENDUM D**  
Consent and Emergency Care Form

I give \_\_\_\_\_ permission to attend  
(name of youth)

\_\_\_\_\_ with the Smithville UMC  
(church sponsored event)

\_\_\_\_\_  
(name of group)

I/We understand all reasonable safety precautions will be taken at all times by Smithville United Methodist Church and its agents during the events and activities.

I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency.

I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk.

I/We agree not to hold Smithville United Methodist Church, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries incurred by the subject of this form.

During this event your student may be photographed. If you do not wish for your students pictured to be used to help promote church activities please indicate those wishes below.

Parent/Guardian PRINTED name: \_\_\_\_\_

Signature: \_\_\_\_\_

1> Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

2> Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ My child may have his/her picture used to help promote church activities.

\_\_\_\_\_ My child may NOT have his/her picture used to help promote church activities.