

# CUMBERLAND YOUTH LEAGUE

Child's Name(s) \_\_\_\_\_

I, the parent or guardian of the above named child (children), authorize the participation in the CUMBERLAND YOUTH LEAGUE (here-in referred to as PROGRAM). I understand that the PROGRAM is a non-profit Christian sports ministry for youth, and that my child's participation is voluntary. I understand the PROGRAM is conducted by CUMBERLAND UNITED METHODIST CHURCH (here-in referred to as CUMC) and it's volunteers and staff, including parents of other participants. I further understand and agree participation in athletic and other activities of the PROGRAM necessarily involves risk of injury or death from various associated causes. On behalf of the participant, me, and my family, I assume these risks, and indemnify without limitation, and covenant not to bring legal action against CUMC, and all associate individuals and/or organizations as consideration for participation in the PROGRAM. This indemnification shall be construed as broadly as allowed by law to include all claims and future rights for the child or family. If any provision of this release of liability is deemed invalid, all remaining provisions shall remain in force and binding.

I hereby authorize CUMC the use of any photograph, video/audio recording that includes my child for the purpose of promotion of the PROGRAM.

I understand that participation in the PROGRAM involves strenuous and prolonged activity. I agree that my child is healthy and able to participate in all activities of the PROGRAM. If a situation should occur that affects my child's ability to safely participate, the staff of the PROGRAM may restrict my child's participation. I understand these decisions are made out of concern for the best interest, safety and well-being of my child and other participants. In the event my child becomes sick or injured while attending the PROGRAM, and I, or other appointed guardian or parent is not present to make medical decisions, I authorize initiation of emergency medical care as deemed necessary for my child by onsite and/or medical personnel. Further, I assume total responsibility for any expenses involved with any and all medical care for my child. My signature below indicates that all information provided is understood, true and accurate, and that I fully agree to all statements included on the form. My signature also indicates that all legal guardians are aware and consensual to the participation of the above named child (children), as well as the stipulations included in this agreement.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date