

Tri-Lakes United Methodist Church – Monument, CO  
In-Person Outdoor Socially Distanced VBS Release Form



**Medical Release** (Please read and acknowledge before participating)

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Tri-Lakes United Methodist Church, (hereafter TLUMC), every reasonable effort will be made to contact the persons listed above. If unsuccessful in contacting the persons listed, my consent/permission is given for treatment by competent medical personnel. I also authorize TLUMC Staff to administer any prescribed medications necessary for my child's health/safety during any on-site or off-site events. In the event that an accident occurs and/or any medication is administered, I understand that I will be required to sign an incident report.

I understand that TLUMC does not carry medical insurance on people participating in their activities. I agree to provide my insurance information at the time of service for any medical expenses and I am aware that I may be billed by the medical provider for any expenses not covered by my insurance. I understand that if I do not have medical insurance that I am responsible for the payment of any medical bills. I understand that it is my responsibility to communicate any changes to this information.

I, on behalf of my child/children and myself, hereby release and hold harmless TLUMC and its constituents for any injury, illness, death or other accident that may occur during church sponsored activities.

**COVID-19 Release** (Please read and acknowledge before participating)

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. TLUMC is doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

By participating in programs, services, and activities of TLUMC, I agree to the following:

On behalf of myself and my child/children, I hereby release, covenant not to sue, discharge, and hold harmless Tri-Lakes United Methodist Church, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of this church, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any church hosted or programmed event.

**Signature** (Required for Participation)

X \_\_\_\_\_

Signature (Parent or Guardian of minor participants)

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

**Media Release Opt-Out (Optional):**

X \_\_\_\_\_ By initialing here I specify that I would **NOT** like photographs or video footage of myself or my child/children on the TLUMC website or in other church communications.