

St John's United Methodist Church

515 South Mc Duffie Street
Anderson, SC 29624-2330
Phone: 224-6563

Player's name: _____ Age: _____ Date of Birth: _____

Church: _____ Team: _____

Parental Release Form

The parent/guardian by the execution of this release agrees that all officers, directors, officials and volunteers associated with or affiliated with St. John's UMC shall not be liable for any injury sustained by the minor whose name appears upon this application. The parent/guardian by executing this release hereby waives any right to bring suit against St. John's UMC, its officers, directors, officials and volunteers for any injury sustained during the course of athletic competition authorized and/or sanctioned by St. John's UMC. The parent/guardian hereby agrees to hold harmless St. John's UMC, its officers, directors, officials and volunteers from any such claims for injury to said minor.

Parent/Guardian signature: _____ Date: _____

