



## TRANSPORTATION PERMISSION

\_\_\_\_\_ has my/our permission to go with Reveille United Methodist Church to all related activities **from June 1, 2019 through June 30, 2020**. I, the undersigned, do hereby also grant permission for Participant to ride in any vehicle driven by an approved adult chaperone while attending and participating in activities sponsored by Reveille United Methodist Church. Participant and I understand that seat belts shall be worn at all times during transportation. By typing or signing my name below I agree to these terms.

Parent/Guardian Signature \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

## PHOTO WAIVER

I hereby authorize Reveille United Methodist Church, located in Richmond, Virginia ("Reville"), to use, reproduce and distribute my name, voice, likeness, photograph and/or any other representation of me in connection with printed materials or other media it distributes, displays, transmits or exhibits. Such distributions, displays, transmissions or exhibits may include, but are not limited to, publications, newsletters, magazines, brochures, CD ROMs, websites, social media, and/or videos. I understand that my authorization grants Reveille the right to use, reproduce and distribute my name, voice, likeness, photograph and/or any other representation of me without compensation or further notice.

I hereby release and discharge Reveille for any and all liability arising out of or relating to the foregoing.

By signing this Consent and Release Form, I consent to allow the above named minor to participate in the activities described above and allow the information obtained from the above named minor to be used and shared as described above. I represent and warrant that (i) I am eighteen (18) years of age or older and am legally competent to execute this Consent and Release Form under the laws of my country, (ii) I have the legal authority to represent the above named minor and (iii) I have read and understand this Consent and Release Form. By typing or signing my name below I agree to these terms.

Parent/Guardian Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return completed, signed form to Administrative Assistant Kara Sentipal

Save completed PDF and email to [administration@reveilleumc.org](mailto:administration@reveilleumc.org)

Drop off or mail to Reveille United Methodist Church, 4200 Cary Street Road, Richmond, VA 23221

Fax to (804) 359-6090

**Office use only**      Date received \_\_\_\_\_

Date entered into CCIS \_\_\_\_\_