

## 2012 LIABILITY RELEASE AND PARENTAL CONSENT FORM

In consideration for being accepted by WILLIAMS MEMORIAL UNITED METHODIST CHURCH for participation in UNITED METHODIST YOUTH FELLOWSHIP (UMYF) we, (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless WILLIAMS MEMORIAL UNITED METHODIST CHURCH it's directors, staff and volunteers from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in UMYF or any trip or activity connected with participation in UMYF

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation UMYF or any trip or activity connected with participation in UMYF.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned agrees to be responsible for all costs associated with the transportation, food and lodging so provided.

Further, authorization and permission is hereby given by the undersigned to said church to photograph participant and use the photographs and likenesses of participant in any manner or media that it chooses, including but not limited to newsletters, websites, or advertising.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in MYF. In case of medical emergency, we(I) understand every effort will be made to contact a parent or guardian. The information provided on the second page of this document regarding medical history and condition is complete and correct to the best of my knowledge. In the event we(I) cannot be reached, we(I) hereby give permission to the physician selected by the Williams Memorial United Methodist Church staff, representatives, or officers, to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for my child, as named above.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume responsibility for all transportation costs.

Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.

\_\_\_\_\_  
Participant's name

\_\_\_\_\_  
Participant \_\_\_\_\_ Date.

\_\_\_\_\_  
Participant's address

\_\_\_\_\_  
Father \_\_\_\_\_ Date

\_\_\_\_\_  
Participant's telephone

\_\_\_\_\_  
Mother \_\_\_\_\_ Date

\_\_\_\_\_  
Parents/Legal Guardian telephone

\_\_\_\_\_  
Legal Guardian \_\_\_\_\_ Date

\_\_\_\_\_  
Emergency phone numbers

### Medical History and Condition

Participants Name: \_\_\_\_\_

Participants Doctor: \_\_\_\_\_  
Name Phone

Participant's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Parent(s) or Guardian's Address: \_\_\_\_\_

Insurance Company and Policy #: \_\_\_\_\_ Effective Date \_\_\_\_\_

1. Is there a history of chronic infection of nose, throat, ears, sinus, or lungs? \_\_\_\_\_  
If so, what? \_\_\_\_\_
2. Is there a history of heart pathology requiring restricted activity? \_\_\_\_\_
3. Is this person subject to any skin disease? \_\_\_\_\_
4. List any allergies to drugs, medications, or food: \_\_\_\_\_
5. Has there been recent illness, or exposure to contagious disease? \_\_\_\_\_  
If so, what? \_\_\_\_\_
6. Is this person subject to fainting? \_\_\_\_\_ Convulsive Seizures? \_\_\_\_\_ Diabetic? \_\_\_\_\_  
Nose Bleeds \_\_\_\_\_ Asthma? \_\_\_\_\_  
What medication is prescribed for the preceding condition?  
\_\_\_\_\_
7. Limitations of activity? \_\_\_\_\_
8. Please list any medication(s) the participant is currently taking? \_\_\_\_\_  
\_\_\_\_\_
9. Date of last tetanus shot? \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

Subscribed and sworn to before me this \_\_\_\_ day of

\_\_\_\_\_  
(month and year)

State of Texas  
County of \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission expires: \_\_\_\_\_