

# Medical Release and Liability Form

## Central Texas Conference Young People's Ministries Events

Name of Participant \_\_\_\_\_

Name of Legal Guardian/s \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work/Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ School \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

### Functions and Activities

I understand that participating in programs, recreation and other activities of Central Texas Conference of the United Methodist Church is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

### Release of Liability

By signing this Permission and Waiver Form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

### Media Release (please initial)

\_\_\_\_\_ I authorize Central Texas Conference of the United Methodist Church to publish my name and/or photograph on a website or in print media.

### Sleeping Arrangements

Everyone will sleep in cabins at Glen Lake Camp. Participants will be divided by gender and assigned to cabins by churches. Ratio will continue to be maintained in each cabin, with at least two non-related adults of the same gender in each cabin. Participants will sleep in individual twin size bunk beds. Participants should bring a pillow and sleeping bag/sheets and blankets for individual use.

### First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I also agree to let the hospital or medical agent release the child or myself back to the church representative after treatment.

### Insurance information

Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ Carrier Phone Number \_\_\_\_\_

**Emergency Contacts**

Medical Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Name #1 \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Name #2 \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

**Medical History**

(Include special medical needs or concerns such as asthma, allergies, conditions, medications, etc.) \_\_\_\_\_

Special Dietary needs \_\_\_\_\_

Other Information that leaders should know about the child or adult participant: \_\_\_\_\_

**Parent/Guardian Signature**

I represent that I am the parent/guardian of the child listed above. I have read the above Permission and Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of The Central Conference Youth Ministries. I hereby consent to the Permission and Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission and Waiver Form shall be binding upon me and my estate.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

**Adult Volunteers and Employees**

As an adult volunteer or church employee, I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own participation in these activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**All Participants**

Along with the leaders and other youth, I agree to conduct myself in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I understand that my agreement holds me responsible to these things and the consequences thereof. I agree to participate in these activities of the church; participation in church activities depends on my support of this agreement. By signing this covenant, I understand that action will be taken and I am subject to be sent home if I partake in any of the following activities: possession of illegal drugs, non-prescribed medication, alcohol or tobacco products, possession of weapons, disrespect for authority, or any other activity that adult leaders deem as inappropriate. I covenant to strive to make each activity/trip/retreat the best it can be!

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY PUBLIC**

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

**Notary Seal Required**

Before me on this day personally appeared \_\_\_\_\_,  
The person whose name is subscribed to the foregoing instrument and acknowledged to  
me that he/she executed the same for the purposes and consideration therein expressed.  
Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas