

FRIENDSWOOD United Methodist Church
PERSONAL INFORMATION and MEDICAL/LIABILITY RELEASE FORM

PARTICIPANT INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____

PHONE NUMBER (_____) _____ BIRTH DATE ____/____/____

ARE YOU A MEMBER OF FRIENDSWOOD UNITED METHODIST CHURCH? () YES () NO

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT _____

PHONE NUMBER (_____) _____ RELATIONSHIP _____

HEALTH INFORMATION

HEALTH INSURANCE COMPANY _____

POLICY/GROUP NUMBER _____ PHONE NUMBER (_____) _____

POLICY HOLDER _____ POLICY HOLDER PHONE NUMBER (_____) _____

ALLERGIES (including food & medication) _____

OTHER HEALTH CONDITIONS _____

CURRENT MEDICATIONS or OTHER MEDICAL INFO (attach addtl. Sheets as needed): _____

PLEASE COMPLETE OTHER SIDE

LIABILITY, MEDICAL, AND PRESS RELEASE

I _____ recognize that certain hazards and dangers are inherent in the events and programs, and required travel, of Friendswood UMC and KINGDOM Student Ministry. I acknowledge that although Friendswood UMC and KINGDOM Student Ministry has taken safety measures to minimize the risk of injury to participants, Friendswood UMC and KINGDOM Student Ministry cannot guarantee that the participants, equipment, premises, and/or activities will be free from hazards, accidents, and/or injuries.

In consideration of Friendswood UMC and KINGDOM Student Ministry, I agree that Friendswood UMC and KINGDOM Student Ministry, a non-profit organization, its agents, officers, employees, trustees, and volunteers will not be liable for any injury, death, damage and/or loss to my child, and/or anyone claiming on my child's behalf, and I further agree to hold harmless, indemnify and defend Friendswood UMC and KINGDOM Student Ministry, its officers, agents, employees, trustees, and volunteers for and from any and all damage during the trip, whether such injury, illness, or damage occurs on or off the church premises.

I authorize photos and/or videos from participating in Friendswood UMC and KINGDOM Student Ministry events or programs may be reproduced and utilized in promotional materials for the Church.

I have listed above all special medical problems concerning myself and have taken the opportunity to discuss these problems with one or more of the adult leaders participating in the event. I have attached a copy of my Insurance Card if applicable.

Name (print) _____

Name (signed) _____

DATED: Month: _____ Day: _____ Year: _____