



EMERGENCY MEDICAL AUTHORIZATION FORM

Please fill out the form below in black or blue ink and return to event or daycare coordinator.

Participants Last Name: _____ First: _____

Date of Birth: ___/___/___ Age: _____ Weight: _____ Male: _____ Female: _____

Address: _____ City: _____ Zip: _____

Parent/Legal Guardian: _____ (Required for all children under age 18)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

Do you have any allergies (food or medicine) or special medical problems? Yes / No

If yes, please describe: _____

Health Insurance: _____ Policy # _____

Release, Waiver of Liability and Assumption of Risk. Participant desires to participate in the United Methodist program and other activities related thereto (the "Activities"). Participant and his or her legal guardian recognize that the Activities could be hazardous and understand the risks and dangers associated with participation in the Activities, including, but not limited to, bodily injury, disability, paralysis and death. The undersigned accept and assume such risks and responsibilities however caused or alleged to be caused by any party with the exception of those risks caused by fraud, willful misconduct or violation of law. Each of the undersigned hereby waives, releases, and discharges the United Methodist Church, its agents and any related parties from any and all claims for damages for wrongful death, personal injury, or property damage occurring to Participant caused by negligence, strict liability or otherwise (except for such injury, wrongful death or property damage caused by fraud, willful misconduct or violation of law) which the undersigned may have or which may hereafter accrue to the undersigned as a result of participation in Activities. This Release is intended to be binding on each of the undersigned's heirs, beneficiaries, personal representatives, next of kin, spouse and assigns. We have read the above waiver, have been fully and completely advised of the potential danger incidental to engaging in the Activities, are fully aware of the legal consequences of signing the within waiver and have signed it voluntarily. The undersigned parent/legal guardian intends by this Release to waive all claims against the United Methodist Church, both as himself/herself and as for Participant.

MEDICAL RELEASE & WAIVER FORM

I hereby authorize the United Methodist Church and its representatives to take whatever actions may be necessary to obtain emergency medical care if warranted. These actions may include but are not limited to the following; 1. Attempt to contact a parent or guardian; 2. Attempt to contact a parent through any of the persons listed as emergency contacts; 3. Call 911 for assistance and have the person transported by ambulance to hospital if recommended by emergency personnel.

SIGNATURE OF PARTICIPANT OR PARENT/LEGAL GUARDIAN:

_____ DATE: _____