

**First United Methodist Church  
Carrollton, Texas**

**Medical Release & Liability Release Form  
(Release of all claims)**

In consideration for being accepted by First Methodist Carrollton for participation in ***all youth trips or activities for the period January 2021 to December 2021*** I as a parent and/or legal guardian of \_\_\_\_\_ hereby release, forever discharge and agree to hold harmless First Methodist Carrollton, its directors, employees and agents thereof 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/or the participant that occurred by the undersigned and/or the participant that occur while said person is participating in any trip or activity, including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify First Methodist Carrollton, its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore describe, the undersigned agrees to hold harmless and indemnify First Methodist Carrollton, its directors, employees, and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

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

State of Texas  
County of Denton

Before me a Notary Public in the state of Texas on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed said instrument for the purposes and consideration therein expressed. Given under my seal this \_\_\_\_\_ day of \_\_\_\_\_ 202\_.

\_\_\_\_\_  
Notary

## Medical Information

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Recent Illness: \_\_\_\_\_

\_\_\_\_\_

Does your child have any:

Skin disease: \_\_\_\_\_

Lung trouble: \_\_\_\_\_

Heart trouble: \_\_\_\_\_

Allergies: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Does your child require medication? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

### **In case of emergency notify:**

First Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Insurance Information:**

Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

**Parent / Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_