

**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 2019 to December 2019*, 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 _____ 201_

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:** _____