



Connecting God's Family by Knowing, Loving and Serving
so that the world might experience Christ's Love!

Information and Release Form

(for children and youth under 18)

Name _____ Gender _____ Birthdate _____ Grade _____

Address _____ City _____ Zip _____ Phone _____

Mother's name _____ Work phone _____ Cell phone _____

Mother's email _____ Other phone _____

Father's name _____ Work phone _____ Cell phone _____

Father's email _____ Other phone _____

Known food or medicinal allergies _____

Significant medical history _____

Current medications _____

Health insurance company _____ Policy # _____

Group # _____ Name of policy holder _____

Child's doctor _____ Phone _____

Nearest relatives/neighbors (circle preferred) to be contacted in case of emergency:

Name Work phone Cell phone

Other phone _____ Other phone _____

Name Work phone Cell phone

Other phone _____ Other phone _____

I hereby give permission for my child to be photographed throughout the year at various activities for use in church communications.

Signature Date

(continued on reverse side)

Authorization and Release (Child/Youth)

I, _____, the parent of guardian of _____ (the "Child"), grant my permission for the Child to participate in any "Function" defined as a ministry, party, class, child care, activity, trip or other gathering specifically designed or planned for children/youth and sponsored or supported by the First United Methodist Church, d/b/a Keller United Methodist Church and/or its employees and volunteers (collectively, the "Church"). This will include Functions both on and off the property of the Church.

I warrant and represent that I have the authority to make medical care decisions for the Child, and:

1. **I HEREBY RELEASE AND FOREVER DISCHARGE THE CHURCH AND ALL OF ITS REPRESENTATIVES, AGENTS, ATTORNEYS, PRINCIPALS, EMPLOYEES, OFFICERS, DIRECTORS, PARTNERS, VOLUNTEERS, PARENTS, SUBSIDIARIES, AFFILIATES, SUCCESSORS, HEIRS AND ASSIGNS (The Church") FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, LIABILITIES, SUITS, DEBTS, CLAIMS OR DEMANDS FOR ANY LOSS ARISING FROM THE CHILD'S PARTICIPATION IN A FUNCTION; and,**
2. **ON BEHALF OF MYSELF AND THE CHILD AND ANY OF OUR REPRESENTATIVES, AGENTS, ATTORNEYS, PRINCIPALS, EMPLOYEES, OFFICERS, DIRECTORS, PARTNERS, VOLUNTEERS, PARENTS, SUBSIDIARIES, AFFILIATES, SUCCESSORS, HEIRS AND ASSIGNS, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE CHURCH FROM ALL CLAIMS AND CAUSES OF ACTION ARISING FROM THE CHILD'S PARTICIPATION IN A FUNCTION; and,**
3. I authorize the Church to furnish any transportation or food, and/or seek medical care/treatment it deems necessary for the Child. I authorize the Church to incur such costs as are reasonably necessary on my behalf, and I will be responsible to pay for any costs arising from such authorization. It is my sole responsibility to seek coverage from my own insurer, if any, and I remain responsible for such costs regardless of insurance coverage or denial; and,
4. I grant permission for the Child to participate in Functions as defined above.
5. I grant permission for the Child to be photographed throughout the year at various activities for use in Church communications.
6. I am familiar with the Church's Child/Youth Protection Policy, and I understand that the Child's participation in a Function is in the sole discretion of the Volunteer(s) and Worker(s) supervising the Function. If it becomes necessary to return the Child to me before the conclusion of the Function, I defer to the discretion of the Volunteers/Workers, and consent to the return of the Child. I understand and agree that I will reimburse the Church for the costs of any transportation or other expenses incurred in the return of the Child, and that I will not be refunded any costs or fees previously paid for the Child to participate in the Function.

Signature

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed above and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____ in the year _____ .

STATE OF TEXAS

Notary Public in and for
_____ County, TX
My Commission expires _____