

Trip Participant Only

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the Youth Pastor and the Youth Sponsors.

Participant's Signature _____

Parent or Guardian

By my signature, I, _____, the parent or guardian of _____, grant my permission for him/her to participate fully in any activities sponsored by the First United Methodist Church of Keller. I understand that my signature carries with it the following:

1. An authorization for any of the adult leaders to obtain necessary medical attention and/or treatment for my child.
2. I knowingly release, absolve, indemnify, and hold harmless the First United Methodist Church of Keller, its Youth Pastor, Youth Sponsors, and youth volunteers from all claims that might result from any injury or death of any minor.
3. Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all medical or hospital cost.

(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

(witness)

(witness)

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

**First United Methodist Church of Keller
Medical Information and Release Form**

Name _____ Gender _____ Birthdate _____ Grade _____
Address _____ City _____ Zip _____ Phone _____
Mother's Name _____ Work Phone _____ Cell Phone _____
Occupation _____ Social Security Number _____
Father's Name _____ Work Phone _____ Cell Phone _____
Occupation _____ Social Security Number _____
Child's Known Allergies _____ Blood Type _____
Current Medications _____
Important Medical History _____
Hospitalization Insurance Company _____ Policy # _____
Family Doctor _____ Phone _____

Please list the name of the nearest relative/neighbor (circle one) to be contacted in case of emergency:

_____ (Name)

_____ (Work phone)

_____ (Home phone)

Release of All Claims

In consideration for being accepted by the First United Methodist Church of Keller for participation in any church related activities, we (I), being 21 years of age or older, do for ourselves (myself), and on behalf of my child (participant) if said child is not 21 years of age or older, do hereby release, forever discharge and agree to hold harmless First United Methodist Church of Keller, its Youth Pastor, its youth sponsors or youth volunteers from any and all liability, claims or demands for personal injury, sickness or death, as well as damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child (participant) that occur while said child is participating in the above described trip.

Furthermore, we (I) [and on behalf of our (my) child (participant) if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of the participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to First United Methodist Church of Keller, its Youth Pastor, and youth volunteers to furnish any necessary transportation and food for this participant.

The undersigned further hereby agree to hold harmless and indemnify First United Methodist Church of Keller, its trustees, employees, agents, Youth Pastor, youth sponsors, or youth volunteers, for any liability sustained by said church as a result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant has not attained the age of 21 years: We (I) are the parent(s) or legal guardian(s) of this participant and hereby grant our (my) permission for him/her to participate fully in any church activities and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical responsibility of all medical bills, if any.

Further should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation cost.