



Medical Release & Liability Release Form

(Release of all claims)

In consideration for being accepted by First United Methodist Church, Sachse – 1520 Blackburn Road, Sachse, TX 75048 (hereafter referred to as FUMC, Sachse) for participation in all children/youth trips and/or activities for the period beginning **August 20, 2018 through May 23, 2019.**

I as a parent and/or legal guardian of:

_____ (Child’s name) **“Participant”**

hereby release, forever discharge and agree to hold harmless FUMC, Sachse, 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 FUMC, Sachse, 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 described, the undersigned agrees to hold harmless and indemnify FUMC, Sachse, 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**

State of Texas

County of Dallas

Before me a Notary Public in the state of Texas on this day personally appeared

_____, known to me as the person whose name is subscribed to the foregoing instrument and acknowledge to me that he/she executed said instrument for the purposes and consideration therein expressed.

Given under my seal this _____ day of _____, 2018

_____ Notary

Medical Information

Participant's Name: _____

Address: _____

Date of Birth: _____

Recent Illnesses: _____

Does your child have any?

Skin Diseases: _____ Lung Trouble: _____

Heart Trouble: _____ Allergies: _____

If yes, please explain: _____

Does your child require medication? _____

If yes, please 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 and/or Guardian Signature: _____

Date: _____