



Medical Release and Liability Form

Name of Participant _____

Name of Legal Guardian/s _____

Address, City, State, Zip _____

Home Phone (_____) _____ Work/Cell Phone (_____) _____ Age _____

Church _____ Birthday _____ SS# _____

School _____ E-mail _____ Date of Last Tetanus _____

Functions and Activities

I understand that participating in programs, recreation and other activities of Dido United Methodist Church is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission and Waiver Form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs not payable by church insurance arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I also agree to let the hospital or medical agent release the child or myself back to the church representative after treatment.

Vehicles:

No youth participant may ride as a passenger in a vehicle driven by anyone under the age of 25, except in an emergency.

All people must ride inside vehicles with seat belts buckled at all times. All safe-driving procedures must be observed and drivers must have a current license and insurance.

No youth participant may drive activities. Their car, if brought, will remain parked at Dido UMC.

Electronic Equipment: Students are not to use cell phones and adult usage should be for Church/Trip Related use only. Phone calls may be made during free time as designated by the adults. Adults will allow



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students to use adults' phones for calling home in an emergency. Cameras are allowed but please do not take anyone's picture without their consent. Electronic games, social media, music players should never distract from primary purpose of the church event. They are to be used only on personal time as defined by the adult sponsors, never taken to a mission work site and understand that Dido UMC is in no way responsible for their security. All participants agree to honor any request from Dido leaders or other adults to cease the use of any such devices and to relinquish those devices to Dido leaders and/or other adults upon request.

Emergency Contacts

Medical Doctor _____ Phone Number _____

Emergency Contact #1 _____ Relation _____

Email _____ Cell Phone _____

Emergency Contact #2 _____ Relation _____

Email _____ Cell Phone _____

Insurance information

Carrier _____ Policy/ID Number _____

Group Number _____ Policy Holder Name _____

Carrier Phone Number _____

Medical History

(Include special medical needs or concerns such as asthma, allergies and reaction if exposed to allergen, conditions, dietary needs, medications, etc.)

Over the Counter Medication

Please select (circle) the over the counter medications your child may receive while at Dido UMC events/retreats . Benadryl, liquid Benadryl, cough drops, Cetirizine (Zyrtec), Loratadine (Claritin), Tums, Acetaminophen (Tylenol), Ibuprofen, Pepto Bismol

Other Information that leaders should know about your child:

Media Release (please initial) ____ I authorize Dido United Methodist Church to publish my child's name and/or photograph on a website or in print media.

Contact Release (please initial) _____ Dido UMC has permission to share my child's email and cell number to the other leadership/members of Dido UMC for purposes of allowing effective communication between members.



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Transportation (please initial) _____ My child has permission to be transported by Dido UMC adults at Dido related events.

Please Sign Below if the Participant is a Minor

I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I have read the above Permission and Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of Dido United Methodist Church. I hereby consent to the Permission and Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission and Waiver Form shall be binding upon me and my estate.

Signature of Parent or Legal Guardian _____ Date _____

Print Name of Parent or Legal Guardian _____

All Participants

Along with the leaders and other youth, I agree to conduct myself in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I understand that my agreement holds me responsible to these things and the consequences thereof. I agree to participate in these activities of the church; participation in church activities depends on my support of this agreement. By signing this covenant, I understand that action will be taken and I am subject to be sent home if I partake in any of the following activities: possession of illegal drugs, non-prescribed medication, alcohol or tobacco products (including electronic cigarettes), possession of weapons, disrespect for authority, or any other activity that adult leaders deem as inappropriate. I covenant to strive to make each activity/trip/retreat the best it can be!

Participant's Signature _____ Date _____