

**SUMMER 2026 | Troy Methodist Church Student Ministry Release Form**

Name: \_\_\_\_\_ T-SHIRT SIZE: S M L XL XXL

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Parent (or Emergency Contact) Information**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**Health Insurance Information**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Release**

I indemnify, defend and hold harmless Troy Methodist Church, Volunteer Staff, from all claims made and liabilities assessed against them as a result of the registrant's activities. Further, in case of emergency, I understand that every effort will be made to contact parents or guardians. However, if parents or guardians cannot be reached, or if I, the signed registrant am 18 years of age or older, I hereby give the Troy United Methodist Church permission to act on my behalf in seeking medical treatment in the event that such treatment is deemed necessary or advisable for the registrant's health, safety and welfare. I give permission to those administering medical treatment to do so, using the measures deemed necessary. I release the church, and medical providers from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury from the registrant's activities. I give permission to take and use photographs of my student for promotion of TMC.

ANY MEDICATIONS / ALLERGIES / NEEDS: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_