

**LIABILITY RELEASE AND PARENTAL CONSENT FORM  
LONGVIEW FIRST UNITED METHODIST CHURCH**

In consideration for being accepted by Longview First United Methodist Church for participation in age-related activities, we, (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant(s) if said child(ren) is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Longview first United Methodist Church, its directors, staff, and volunteers 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 child-participation that occur while said child is participating in any trip or activity connected with participation with Longview First United Methodist church.

Furthermore, we (I) (and on behalf of our(my) child-participant(s) (if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in any trip or activity connected with participation with Longview First United Methodist church.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned agrees to be responsible for all costs associated with the transportation, food and lodging so provided.

Further, authorization and permission is hereby given by the undersigned to Longview First United Methodist Church to photograph participant and use the photographs and likenesses of participant , including but not limited to newsletters, websites, or advertising.

The undersigned further herby agree to hold harmless and indemnify Longview First United Methodist Church, its directors, employees and agents, for any liability sustained by Longview First United Methodist Church as the result of the negligent, willful or intentional acts of said participants, including expenses incurred attendant thereto.

(If the participant(s) has not attained the age of 18 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her/them) to participate fully. In case of medical emergency, we (I) understand every effort will be made to contact a parent or guardian. The information provided on the second page of this document regarding medical history and condition is complete and correct to the best of my knowledge. In the event we (I) cannot be reached, we (I) hereby give permission to the physician selected by Longview First United Methodist church staff, representatives, or officers, to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for my child, as named below.

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

Only participant need sign if 18 years of age or older. If under 18, parent must sign.

\_\_\_\_\_  
Participant name

\_\_\_\_\_  
Parent's/Legal Guardian's name

\_\_\_\_\_  
Participant name

\_\_\_\_\_  
Parent's/Legal Guardian's telephone number

\_\_\_\_\_  
Participant name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant name

\_\_\_\_\_  
Date

**LIABILITY RELEASE AND PARENTAL CONSENT FORM**

**MEDICAL HISTORY AND CONDITION**

**LONGVIEW FIRST UNITED METHODIST CHURCH**

Participant(s) Name \_\_\_\_\_

Participant(s) Doctor & Phone Number \_\_\_\_\_

Participant(s) Date of Birth \_\_\_\_\_

Parent's/Guardian's Address \_\_\_\_\_

Parent's/Guardian's Phone Number \_\_\_\_\_

Insurance company and Policy # \_\_\_\_\_

Phone Numbers \_\_\_\_\_ Effective Date \_\_\_\_\_

If more than one child participating, be sure to note which one has allergies or other conditions.

1. Is there a history of chronic infection of nose, throat, ears, sinus, or lungs? \_\_\_\_\_  
If so, what? \_\_\_\_\_
2. Is there a history of heart condition requiring restricted activity? \_\_\_\_\_
3. Is this person subject to any skin disease? \_\_\_\_\_
4. List any allergies to drugs, medications, or food: \_\_\_\_\_
5. Has there been recent illness, or exposure to contagious disease? \_\_\_\_\_  
If so, what? \_\_\_\_\_
6. Is this person subject to fainting? \_\_\_\_\_ Convulsive Seizures? \_\_\_\_\_ Diabetic? \_\_\_\_\_  
Nose bleeds? \_\_\_\_\_ Asthma? \_\_\_\_\_  
What medication is prescribed for the preceding condition? \_\_\_\_\_
7. Limitations of activity? \_\_\_\_\_
8. Please list any medication(s) the participant is currently taking? \_\_\_\_\_
9. Date of last tetanus shot? \_\_\_\_\_
10. Please list any medication your child will be bringing to the event such as an asthma inhaler or epipen.  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date