

FIRST UNITED METHODIST CHURCH RELEASE FORM—ADULT

Name _____ Sex _____ Age _____
Address _____ City _____ Zip _____ Phone(____) _____
Occupation _____ Social Security Number _____
If married, spouse's name _____ Work Phone(____) _____ Cell(____) _____
Email Address _____ (optional)
Please list any known allergies _____
Please list any physical restrictions _____
Are you on any regular medications? Yes No If Yes, please list _____
Please list any medical conditions you have _____

Please list below the name of the nearest relative or neighbor in case of emergency. We will always try to contact your immediate family first.

Name _____ Home Number _____ Work Number _____ Cell Number _____
Hospitalization Insurance Company _____ Policy Number _____
Family Doctor _____ Phone Number _____
(Please attach a copy of your insurance card to this document)

RELEASE AND HOLD HARMLESS AGREEMENT FOR FIRST UNITED METHODIST CHURCH—ODESSA, TEXAS

By my signature, I, _____, agree to participate fully in the activities, programs, and trips of First United Methodist Church. I understand that by my signature I contract and agree as follows.

1. I authorize any of the leaders to obtain any and all necessary medical and/or dental attention and/or treatment for me, including surgical procedure if advised by attending physician.
2. I knowingly release, absolve, indemnify, and hold harmless First United Methodist Church from all claims that might result from any injury and/or death to myself. This agreement pertains to all programs and activities including those where transportation is provided.
3. Should medical help be needed, I agree to pay either directly and/or through my own personal health and accident policy all medical or hospital expenses.

I have listed above any and all special medical problems concerning myself and I state that I have been given the opportunity to discuss these problems with one or more of the adult leaders.

Signature Date

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 _____, 20____

STATE OF TEXAS

Notary Public for the State of Texas
My Commission expires _____