

LIABILITY RELEASE FORM

(Release of All Claims)

In consideration for being accepted by First United Methodist Church for participation in all programs and activities, I do hereby release, forever discharge and agree to hold harmless First United Methodist Church and the directors 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 the participant that occur while said person is at First United Methodist Church or while participating in any program, trip, or activity including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by 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 said church, 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.

Signature of Parent / Legal Guardian _____

Signed this _____ **day of** _____, 20 _____

Participant Name			DOB
Address			/ /
City, State, Zip			
Parent Info	MOTHER	FATHER	
Home Phone #	()	()	
Work Phone #	()	()	
Cell Phone #	()	()	

Emergency Contact Person	NAME	RELATION
	PHONE	

Insurance Info	COMPANY/GROUP NUMBER	POLICY NUMBER
Physician/Phone		
List allergies, medications, or other concerns		