

Belin Memorial United Methodist Church Youth Ministries
Consent, Medical and Liability Release Adult Form

Name _____ Member of Belin UMC (Y/N) Date of Birth _____

Address _____ City _____ Zip _____

E-mail Address _____

Cell# _____

Insurance co. _____ Policy# _____

Functions and Activities

I give my permission to attend and participate in activities, programs, and trips sponsored by Belin Memorial United Methodist Church from January 1, 2019 through September 1, 2026 (unless otherwise noted in a separate permission form). Prior to my participation, 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 consent and liability form, I expressly warrant that I am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks from my participation 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 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 my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers or agents arising from my participation or as a result of injury or illness that occurs while participating in the above described activities, programs, and trips from January 1, 2019 through September 1, 2026.

Permission to Use Photos, send E-mails or Text Messages

I give permission for the church, whether that being ministers, staff, leadership and/or volunteers to use photos of me in church publications such as church newsletters, church website, or other related areas (Facebook, YouTube, Twitter, Instagram). I also give permission for the church to contact me via e-mails and/or text messages as a means of communication other than just telephone calls. I furthermore understand that the church will not use these means in an inappropriate way.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where I 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 authorize an adult to consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered by the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.

Emergency Contact

Name _____

Relationship _____ Cell # _____

Work # _____ Home Phone _____

Medical Doctor _____ Phone _____ *(continue on next page)*

Medical History

Include special medical needs or concerns such as asthma, allergies to medicines/foods/animals, health conditions, past surgeries, dietary needs, etc. that youth leaders should be aware of.

Medications

Include ALL medicines that you take regularly and would take on overnight retreats. All medicines must be in labeled containers. Adults are not allowed to share medications with youth/adults.

Other Information

Include any additional information the youth leaders should know about you.

Covenant

Along with the leaders and 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; my participation in church activities depends on my support of this agreement. By signing this covenant, I understand that I am subject to be sent home and am responsible for any legal consequences if I partake in any of the following activities: possession of illegal drugs, non-prescribed medication, alcohol or tobacco products, possession of weapons, disrespect of authority, or any other activity that the Director of Youth Ministries deem as inappropriate. I covenant to strive to make each activity/trip/retreat the best that it can be!

Signature _____

Date _____

PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD

A new form must be completed when there is a change in contact information or insurance information.

Thank You!