

## EMERGENCY MEDICAL AUTHORIZATION FORM AND RELEASE

Participants Last Name:\_\_\_\_\_ First:\_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_ Age:\_\_\_\_\_ Weight:\_\_\_\_\_ Male\_\_\_\_\_ Female\_\_\_\_\_

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

Parent/Legal Guardian:\_\_\_\_\_ Home Phone:\_\_\_\_\_

Work Phone:\_\_\_\_\_ Cell Phone:\_\_\_\_\_

Emergency Contact:\_\_\_\_\_ Phone:\_\_\_\_\_

Do you have any allergies (food or medicine) or special medical problems? Yes/ No

If yes, please describe:\_\_\_\_\_

Health Insurance:\_\_\_\_\_ Policy #\_\_\_\_\_

**RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK.** Participant desires to participate in the United Methodist Church, First United Methodist Church, McAllen, Texas, St. Mark United Methodist Church, McAllen, Texas, and El Divino Redentor United Methodist Church, McAllen, Texas (collectively referred to herein as the “United Methodist Church”) program including field trips and other activities (the “Activities”). Participant and his or her parent or legal guardian, if applicable, recognize that the Activities could be hazardous and understand the risks and dangers associated with participation in the Activities, including, but not limited to, bodily injury, disability, paralysis and death. The undersigned accept and assume such risks and responsibilities however caused or alleged to be caused by any party with the exception of those risks caused by fraud, willful misconduct or violation of law. Each of the undersigned hereby waives, releases, and discharges the United Methodist Church their agents and any related parties from any and all claims for damages for wrongful death, personal injury, or property damage occurring to Participant caused by negligence, strict liability or otherwise (except for such injury, wrongful death or property damage caused by fraud, willful misconduct or violation of law) which the undersigned may have or which may hereafter accrue to the undersigned as a result of participation in Activities. This Release is intended to be binding on each of the undersigned’s heirs, beneficiaries, personal representatives, next of kin, spouse and assigns. The undersigned has read the above waiver, and release has been fully and completely advised of the potential danger incidental to engaging in the Activities, and are fully aware of the legal consequences of signing the within waiver and release and have signed it voluntarily. The undersigned (parent/legal guardian, if applicable intends) by this Release to waive all claims against the United Methodist Church both as himself/herself and if applicable for Participant.

**MEDICAL RELEASE & WAIVER FORM** I hereby authorize the United Methodist Church, and its representatives to take whatever actions may be necessary to obtain emergency medical care if warranted. These actions may include but not limited to the following; 1. Attempt to contact a parent or guardian, if applicable; 2. Attempt to contact a parent, if applicable, through any of the persons listed on the emergency card; 3. Call 911 for assistance and have the person transported by ambulance to hospital if recommended by emergency personnel.

### **PHOTO RELEASE: Must be completed for all volunteers during the event.**

I hereby grant all rights to United Methodist Church to use my photograph and/or other reproduction of me or my physical likeness for United Methodist Church, publication purposes,

whether electronic, print, video, digital or electronic publishing via the Internet. I further agree that any uses described may be made without additional compensation or consideration.

I understand that, in compliance with federal COPPA regulations, my identity will not be revealed or acknowledged through any descriptive text or credits. I acknowledge United Methodist Church's right to crop or treat my photograph(s) at its discretion. I also acknowledge that United Methodist Church may choose not to use my photo at this time, but may do so at its own discretion at a later date. I waive any right that I may have to inspect or approve the copy and/or finished product or products that may be used. I understand that in signing this release, I agree to all these terms and that I cannot participate without this release.

**FOR ANYONE UNDER 18 YEARS OF AGE:**

**I certify that I am a custodial parent and have the aforementioned rights to assign.**

Signature of Parent or Guardian:\_\_\_\_\_

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

Date:\_\_\_\_\_

**SIGNATURE OF PARTICIPANT:**

\_\_\_\_\_ Date:\_\_\_\_\_