

2008 Medical and Liability Release Form

First United Methodist Church, Clarksburg WV

Please complete all lines completely and legibly in ink

Name of child: _____

Address: _____

City: _____ State / Prov.: _____ Zip: _____

Date of Birth: __/__/__ Home Phone: ____ ____ Gender: M ____ F ____

Name of parent / Legal Guardian(s): _____

Address: _____

Phone: (Day) _____ (Evening) _____

Emergency Contacts:

1. Name: _____ 2. Name: _____

Relationship: _____ Relationship: _____

Daytime Phone: _____ Daytime Phone: _____

Nighttime Phone: _____ Nighttime Phone: _____

Name of Insurance Carrier: _____

Policy or Group Number: _____

Insurance Carrier Phone: _____

Health History: Check applicable items in each category

Allergies: Health Problems: Immunizations / Booster (Give Mo / Yr of latest booster)

___ Drugs ___ Diabetes ___ Tetanus / DPT / PT ___ Asthma ___ Cardiac ___ Measles ___ Hay Fever ___ Nervous Disorder

___ Rubella ___ Insect Stings ___ Epilepsy / seizure ___ Mumps ___ Foods ___ Physical Disability ___ Oral polio

___ Chemicals ___ Emotional Disorder ___ Diphtheria / DPT / DT

Please explain all details of any allergy or health problem listed above, plus any other health matters that need to be known during an emergency. Also **list all medications currently being taken**. Use back if necessary:

Please read carefully and completely. Complete any blank spaces and sign below:

I, _____, hereby acknowledge that my child,

_____, may participate in church sponsored activities with the First United Methodist Church including activities on and off premises, as well as transportation to and from such activities. My child is voluntarily participating in these activities, including the transportation to these activities, with the knowledge of the dangers involved. I hereby agree to accept all risks of injury as a result of such participation and transportation. The above medical form is accurate and complete to the best of my knowledge. I hereby give my permission to the doctor or nurse or dentist selected by leaders of the First United Methodist Church to secure emergency medical and / or dental aid as required for illness or injury under a physician's orders, including necessary transportation to and from the necessary facilities. I understand that this form will be kept on file by the church and brought on all activities my child participates in. I also understand that I must fill out a new form at the beginning of every year or if medical conditions change.

_____ Date: _____

Signed (By parent / guardian of minor)

First United Methodist, Clarksburg WV

MEDIA RELEASE FORM FOR MINORS

I give my permission to the First United Methodist Church of Clarksburg and all its affiliated organizations (or agents thereof) to use my child's name, photograph, video/film footage, voice recording and/or likeness thereof recorded for the purposes of public relations, public awareness or education, public service and/or fund raising. For the purposes of any website maintained and controlled by the First United Methodist Church, I hereby grant permission to the First United Methodist Church for the use of my child's first name only. I hereby release and hold harmless the First United Methodist Church and all its affiliated organizations from any liability for use of my child's image or likeness, both visually and audibly.

I agree that the First United Methodist Church may use my child's image or likeness, both visually and audibly, for the purposes described above, without compensation beyond that, if any, which has been agreed to by the parties.

I understand that the First United Methodist Church will not sell or give permission to use my child's name, photograph, video/film voice, recording or likeness thereof to any other company or organization not related to, or affiliated with, the First United Methodist Church, without my express permission. Furthermore, any such permission must adhere to the same terms and conditions of this release with no exceptions.

If you, as the parent or guardian, wish to reconsider this agreement, you may do so at any time by contacting First United Methodist Church's designated agent and such cancellation or withdrawal of approval will take effect upon receipt.

Please check one of the following choices

- I/We GRANT permission to the First United Methodist Church as described above.
- I/We DO NOT GRANT permission to the First United Methodist Church as described above.

Student's Name: (please print) _____ Child's Age: _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Date: _____