

MEANS MEMORIAL UNITED METHODIST CHURCH
311 NE 2nd Street, Andrews, Texas 79714 Phone 432.523.9852 Fax 432.524.2849
MEDICAL AND LIABILITY RELEASE
(Please print with blue or black ink only)

NAME _____ AGE _____ DATE OF BIRTH _____ MALE FEMALE
Last Name First Name

ADDRESS _____
Street City State Zip

HOME PHONE () _____ CELL () _____

IN AN EMERGENCY NOTIFY _____ PHONE () _____

FAMILY DOCTOR _____ PHONE () _____

HEALTH HISTORY:

- | | | |
|--------------------------------------------------|-------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Behavior / Nervous Disorder |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Stomach Problems |
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |

If any of the above is checked, please give details (i.e. include normal treatment of allergic reactions) _____

Date of last tetanus shot: _____ Name, dosage and frequency of any medications that must be taken regularly, or as needed: _____

Any swimming restrictions: Yes No Any Activity restrictions: Yes No

Explain Restrictions? _____

If you child should require medical attention for injuries received or illnesses, please send us the information to give your child proper medical service: _____

Do you have Health Insurance? Yes No

Please give name and address of Insurance Company: _____ Policy Number: _____

If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury.

MEDICAL RELEASE:

In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the staff of Means Memorial United Methodist Church to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent of guardian below is intended to serve as a medical release.

Parent or guardian's signature: _____ Date _____

Print Name _____ Relationship to Child _____ Spouse's Name _____

BOTH SIDES MUST BE FILLED OUT AND SIGNED

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PARTICIPATION, RELEASE, WAIVER & INDEMNITY AGREEMENT

WHILE MEANS MEMORIAL UNITED METHODIST CHURCH MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR YOUR CHILD, WE DO REQUIRE THAT THIS PARTICIPATION AGREEMENT BE READ, FILLED OUT, SIGNED AND DATED BY THE PARENT OR LEGAL GAURDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO WISHES TO PARTICIPATE IN THE ACTIVITIES WHICH MEANS MEMORIAL UNITED METHODIST CHURCH PROVIDES.

I, the undersigned, give permission for my son or daughter to participate in the activities that occur. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

Although Means Memorial United Methodist Church has taken reasonable steps to provide equipment and skilled employees so your child can participate in activities for which he/she may not be skilled in, we now remind you that these activities are not without risk. Certain risks cannot be eliminated due to the nature of life being dangerous in it self. The elements of some activities can be cause or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we think it is important for you to be informed and know in advance about inherent risks.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Means Memorial United Methodist Church, the staff and it's agents, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring.

Should Means Memorial United Methodist Church, or anyone acting on their behalf, be required to incur attorneys' fees and cost to enforce this agreement, I agree to indemnify and hold means Memorial United Methodist Church harmless for all such fees and costs.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Means Memorial United Methodist Church and its staff on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Parent or Guardian's Signature _____ Date _____
(You may sign your own Release if you are 18 or older)

Print Name _____ Relationship to Child _____ Child's Name _____

BOTH SIDES MUST BE FILLED OUT AND SIGNED