

**FIRST UNITED METHODIST CHURCH LONGVIEW
RELEASE, WAIVER, AND INDEMNITY AGREEMENT**

IT IS THE INTENTION OF _____(Name of adult) BY THIS AGREEMENT TO EXEMPT FIRST UNITED METHODIST CHURCH LONGVIEW AND IT'S OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH OF _____(Name of Adult) CAUSED BY ANY ACT OF NEGLIGENCE OF FIRST UNITED METHODIST CHURCH LONGVIEW AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES.

IT IS THE INTENTION OF _____(Name of Adult) BY THIS AGREEMENT TO EXEMPT FIRST UNITED METHODIST CHURCH LONGVIEW AND IT'S OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH OF _____(Name of Adult) CAUSED BY ANY ACT OF NEGLIGENCE OF FIRST UNITED METHODIST CHURCH LONGVIEW AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES.

For in and in consideration of permitting _____(Name of Adult) to observe, or use any facility or equipment of FIRST UNITED METHODIST CHURCH LONGVIEW, or engage in an any activity or activity incidental thereto some of which may involve dangers and risk of bodily injury. This also includes all activities at FIRST UNITED METHODIST CHURCH LONGVIEW or when attending and traveling to or from various ministry events away from the main church campus. These ministry events include but are not limited to Camp Retreats, Day Trips, Water or Amusement Parks, Sporting Events, Concerts, Special Events or Mission Trips. Where participating activities could include but are not limited to sports activities, water activities, ropes courses, riding amusement park rides or performing minor construction tasks.

The undersigned parent and/or guardian of _____(Name of Adult): hereby voluntarily releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to _____(Name of Adult) as a result of _____'s (Name of Adult) observing or using facilities or equipment when attending or participating at ministry events of FIRST UNITED METHODIST CHURCH LONGVIEW, or engaging in or receiving instructions in any activities some of which may involve dangers and risks of bodily injury or in activities incidental thereto FUMC RELEASE, WAIVER, AND INDEMNITY AGREEMENT CONTINUED wherever or however the same may occur, and for whatever period said activities or instructions may continue.

The undersigned parent and/or guardian of _____(Name of Adult) for him/herself, his/her heirs, executors, administrators, or assigns agrees that in any event any claim for personal injury, property damage, or wrongful death shall be prosecuted against FIRST UNITED METHODIST CHURCH LONGVIEW or its officers, agents, servants, or employees, the undersigned parent or guardian will indemnify and hold harmless FIRST UNITED METHODIST CHURCH LONGVIEW and its officers, agents, servants, or employees from any and all claims or causes by _____(Name of Adult) or by any other person or entity, by whomever made or presented, and under no circumstances will the undersigned parent or guardian of _____(Name of Adult) present any claim against FIRST UNITED METHODIST CHURCH LONGVIEW and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence while observing, attending, traveling, or participating at FIRST UNITED METHODIST CHURCH LONGVIEW ministry events.

The undersigned parent or guardian represent that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

SIGNATURE OF PARTICIPANT NAMED ABOVE

Date _____

CONTINUE ON BACK

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT AND FOR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

1. I hereby request and authorize Meredith Searcy, of First United Methodist Church of Longview, Texas, to consent to any reasonable and necessary medical treatment for my child, _____ (youth's name), _____ (DOB). I hereby request and authorize any medical provider to furnish to Meredith Searcy, any and all protected health information necessary for her to make any decision to consent to treatment, or to care for _____ (youth's name), as more specifically defined below.
2. The information and medical records covered by this release are any and all records and information concerning the above-named person necessary to make any pending decision regarding medical treatment, without time limitation, including, but not limited to, records of any illness, problem, or injury, medical histories, consultations, examinations, prescriptions, diagnoses, tests, reports or treatments, including x-ray plates and copies of all hospital or medical records in your possession. This authorization includes specifically permission for release of any and all psychiatric, psychological and counseling records, excluding psychotherapy notes.
3. This authorization is executed in connection with church sponsored activities of First United Methodist Church of Longview, Texas, to facilitate necessary medical treatment in the event that the child's parents or legal guardians are not available.
4. I understand the information being released by me may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency syndrome (HIV). It may also include information about behavioral or mental health services, information concerning alcohol or drug abuse, and social and family related matters.
5. I understand that I may inspect or copy the information to be used or disclosed, as provided in 45 CFR 164.52. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosures of my health information, I can contact you.

Signature of Patient/Adult

Date

Printed Name of Patient/Adult

Date

Name of Participant: _____

Address: _____ City: _____ ST: _____ Zip: _____

Sex: _____ Age: _____ Birthdate: _____ Date of last tetanus shot: _____

Father: _____ Phone: (day) _____ (night) _____ (cell) _____

Mother: _____ Phone: (day) _____ (night) _____ (cell) _____

Other emergency contact name and number: _____

Family Doctor: _____ Phone #: _____

List ALL health restrictions (i.e. allergies, physical limitations, etc):

List ALL- medications to be taken and times to be taken (please send in original containers):

Medical Insurance Co.: _____ Insurance Co's phone: _____

Primary Insured's Name: _____ Date of Birth: _____

Policy #: _____ Insurance ID # _____