

**First United Methodist Church – Longview**  
**Liability Release**

In consideration for being accepted by First United Methodist Church – Longview for participation in age-related activities, I being 18 years of age or older, do for myself (or for and on behalf of my minor or adult under conservatorship) do hereby release, forever discharge and agree to hold harmless First United Methodist Church – Longview, its directors, staff, and volunteers from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned or the minor or adult under conservatorship participant that occurs while said child/adult is participating in any trip or activity connected with participation with Longview First United Methodist church.

Furthermore, I (or on behalf of minor or adult under conservatorship) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in any trip or activity connected with participation with First United Methodist Church – Longview.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned agrees to be responsible for all costs associated with the transportation, food, and lodging so provided.

Further, authorization and permission is hereby given by the undersigned to First United Methodist Church – Longview to photograph participant and use the photographs and likenesses of participant , including but not limited to newsletters, websites, or advertising.

The undersigned further hereby agree to hold harmless and indemnify First United Methodist Church – Longview, its directors, employees, and agents, for any liability sustained by First United Methodist Church - Longview as the result of the negligent, willful, or intentional acts of said participants, including expenses incurred attendant thereto.

In case of medical emergency, I grant First United Methodist Church – Longview permission to seek medical care for myself or my minor/adult under conservatorship. The information I have provided regarding medical history and condition is complete and correct to the best of my knowledge. In the event my emergency contact (or parent/guardian if minor or adult under conservatorship), I hereby give permission to the physician selected by First United Methodist Church – Longview staff, representatives, or officers, to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my myself (minor/adult under conservatorship) as named below.

Further, should it be necessary for the participant to return home due to medical reason, disciplinary action, or otherwise, I hereby assume responsibility for all transportation costs.

\_\_\_\_\_  
Printed Participant (Parent/Guardian Name if under 18)

\_\_\_\_\_  
Participant or Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant or Parent/Guardian Phone Number

\_\_\_\_\_  
Participant’s Name (if Under 18)

\_\_\_\_\_  
Participant’s Name (if Under 18)

\_\_\_\_\_  
Participant’s Name (if Under 18)

\_\_\_\_\_  
Participant’s Name (if Under 18)

**First United Methodist Church - Longview**  
**Medical History and Condition**

Participant(s) Name \_\_\_\_\_

Participant(s) Doctor & Phone Number \_\_\_\_\_

Participant's Date of Birth \_\_\_\_\_

Parent's/Guardian's Address \_\_\_\_\_

Parent's/Guardian's Phone Number \_\_\_\_\_

Insurance company and Policy # \_\_\_\_\_

Phone Numbers \_\_\_\_\_ Effective Date \_\_\_\_\_

**If participating in an overnight trip, a copy of the insurance card will need to be turned in with this form.**

If more than one child is participating please be sure to note which has allergies/medical conditions.

1. Is there a history of chronic infection of nose, throat, ears, sinus, or lungs? \_\_\_\_\_  
If so, what? \_\_\_\_\_
2. Is there a history of heart condition requiring restricted activity? \_\_\_\_\_
3. Is this person subject to any skin disease? \_\_\_\_\_
4. List any allergies to drugs, medications, or food: \_\_\_\_\_
5. Has there been recent illness, or exposure to contagious disease? \_\_\_\_\_  
If so, what? \_\_\_\_\_
6. Is this person subject to fainting? \_\_\_\_\_ Convulsive Seizures? \_\_\_\_\_ Diabetic? \_\_\_\_\_  
Nose bleeds? \_\_\_\_\_ Asthma? \_\_\_\_\_  
What medication is prescribed for the preceding condition? \_\_\_\_\_
7. Limitations of activity? \_\_\_\_\_
8. Please list any medication(s) the participant is currently taking? \_\_\_\_\_
9. Date of last tetanus shot? \_\_\_\_\_
10. Please list any medication your child will be bringing to camp such as an asthma inhaler or EpiPen. \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant or Parent/Guardian if under 18

\_\_\_\_\_  
Date