

# CHRIST UNITED METHODIST MEDICAL RELEASE FORM

NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_  
 SOCIAL SECURITY NUMBER \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Please list the name of the nearest relative/friend to be contacted in an emergency.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ Phone \_\_\_\_\_

DATE OF LAST TETANUS SHOT \_\_\_\_\_

INSURANCE AGENCY NAME \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

GROUP NUMBER \_\_\_\_\_ AGENCY PHONE \_\_\_\_\_

DESCRIBE ANY HEALTH PROBLEMS:

ALLERGIES (drug or other):

PLEASE LIST ANY MEDICATION PRESENTLY TAKING:

LIST ANY ACTIVITIES THAT YOU CANNOT DO:

In the event that I, \_\_\_\_\_, becomes ill or sustains an injury while engaged in any activity or youth trip sponsored by or associated with Christ United Methodist Church of College Station, Texas, I, the undersigned, give my permission to those in charge, or any other chaperone designated by the church, to take whatever steps are necessary to render care and to administer first aid. I consent to any and all dental, medical, surgical and/or diagnostic procedures and treatment deemed necessary by a licensed dentist, physician or surgeon. I also consent to care in a hospital facility if necessary.

**Further, in exchange for permitting the above-named person to participate in church activities, I agree to indemnify, defend and hold harmless Christ United Methodist Church of and from any and all liability, claims, obligations, demands, liens, judgments, penalties, fines, suits, losses, costs or causes of action of any kind or character whatsoever, known or unknown, now accrued or which may hereafter accrue, arising from or in any way growing out of, derivative of, connected with, or resulting or arising from any lawsuit and/or claims that may be asserted with regard to any injuries sustained by the above-named child while engaged in a church activity. I AGREE THAT THIS INDEMNIFICATION INCLUDES THE AMOUNT OF ANY CLAIM, THE EXPENSES OF DEFENDING AGAINST ANY CLAIM, ATTORNEY'S FEES AND COURTS COSTS. I FURTHER AGREE THAT THIS INDEMNITY EXPRESSLY INCLUDES ANY CLAIM ARISING OUT OF CHRIST UNITED METHODIST CHURCH'S OWN NEGLIGENCE, FAULT, COMPARATIVE RESPONSIBILITY, BREACH OF CONTRACT AND/OR WARRANTY.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date