

LIABILITY, MEDICAL AND MEDIA RELEASE FORM
First United Methodist Church Paris, TX
(Downtown, Connections & 4M Party Barn Church)
322 Lamar Ave. Paris, TX 75460
(903)785-4557

JANUARY 2018 - JANUARY 2019

I, _____, *parent or legal guardian of* _____
(Parent/Guardian Name) **(Minor-Participant's Name)**

do hereby give consent for necessary medical treatment (including but not in limitation of: x-ray examination, anesthetic, medical, surgical, dental diagnosis or treatment, and hospital care) to be rendered to my child (minor-participant) anytime while under the care of First United Methodist Church Paris, TX. I agree to assume all responsibility for all medical bills.

In addition, I agree to hold harmless First United Methodist Church Paris, TX; the Staff, Directors, Volunteer Sponsors and Partner Organizations thereof, 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 and the minor-participant that occur while said minor is participating in any and all activities sponsored by First United Methodist Church Paris, TX.

On behalf of my child, I assume all risk of personal injury, sickness, death, damage, and expense as a result of participating in recreation, social, service, and work activities involved.

Authorization and permission is hereby given to First United Methodist Church Paris, TX to furnish any necessary transportation, food and lodging for this minor.

The undersigned further hereby agree to hold harmless and indemnify First United Methodist Church, its Staff, Directors, Volunteer Sponsors, Partner Organizations and agents, for any and all liability sustained by First United Methodist Church Paris, TX as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I also understand that photographs and/or video and sound recording of my child may be made during church sponsored activities. I authorize the use of such materials by First United Methodist Church Paris, TX. Such use might include, but not limited to, the church newsletters, bulletin boards, email, Social Media (ex. Facebook, Instagram, Twitter, etc) and the church website.

Finally, should it be necessary for the minor-participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume responsibility for any and all transportation costs.

Both Parents MUST sign, unless Parents are separated or divorced. In which case the custodial parent must sign. Exception is made if only one (1) parent is living or there is only one (1) guardian.

PLEASE PRINT USING AN INK PEN
EMERGENCY ROOMS REQUIRE THE INFORMATION BELOW:

(Signature of Mother/Legal Guardian)

(Signature of Father/Legal Guardian)

Print Full Name of Mother

Print Full Name of Father

Mother's Place of Business

Father's Place of Business

Work Address, Zip. and Phone

Work Address, Zip and Phone

Print Full Name of Child

Home Address and Zip of Child

Home Phone Number

**Social Security Number of Child
(REQUIRED)**

Insurance Company

Policy Number (REQUIRED)

PLEASE LIST ANY AND ALL ALLERGIES OR MEDICAL CONDITIONS:
(ESPECIALLY PAY ATTENTION TO FOOD, INSPECT/ANIMAL/PLANT, OR MEDICINAL ALLERGIES)

If your child will be taking medicine during the event or trip that is critical to their health, please let us know.

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