

**LaFayette First United Methodist Church**  
**MEDICAL RELEASE, MEDIA RELEASE, and EVENT WAIVER FORM**

Participant Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail of Youth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
*(if different from above)*

City/State/Zip \_\_\_\_\_

E-mail of Parent/Guardian \_\_\_\_\_

Employed by \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**Functions and Activities**

I understand that participating in programs, recreation and other activities of LaFayette First United Methodist Church is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

**Release of Liability**

By signing this Permission and Waiver Form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities programs, or as a result of injury or illness of my child during such activities.

**First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above or I, if I am a participant may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

**Medical History**

Are you currently taking medicine or treatment?  Yes  No

If yes, explain \_\_\_\_\_

Have you been restricted from sports or swimming for any reason?  Yes  No

If yes, explain \_\_\_\_\_

Have you ever had a severe reaction to a bee/hornet sting, or insect bite?  Yes  No

If yes, explain \_\_\_\_\_

Other info leaders may need to know: \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus Immunization: Month \_\_\_\_\_ Year \_\_\_\_\_

Do you have:

- Sinus Trouble
- Hay Fever
- Heart Trouble
- Epilepsy
- Asthma
- Diabetes

List Any Allergies:

Food: \_\_\_\_\_

Drugs: \_\_\_\_\_

Other Medical Needs: \_\_\_\_\_

\_\_\_\_\_

---

---

**EMERGENCY MEDICAL AUTHORIZATION**

In the event of an emergency, I hereby give permission to the church-appointed sponsors who are with my child to obtain medical assistance for my child. I also give permission to the physician(s) selected to hospitalize and secure proper treatment for my child.

Parent/Guardian Signature: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home/Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home/Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Media Release:**

As the legal parent/guardian of \_\_\_\_\_, I provide permission for LaFayette First United Methodist Church to use my child's image (check those allowed)

\_\_\_\_\_ in pictures

\_\_\_\_\_ in videos

Taken at church functions on the (check those allowed)

\_\_\_\_\_ LFUMC website

\_\_\_\_\_ LFUMC Facebook Page

I can revoke this permission to use my child's image at any time, in writing, by providing said writing to the Youth Director at LaFayette First United Methodist Church.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

**For use if the participant is a minor:**

I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I have read the above Medical Release, Event Waiver Form, and Media Release and am fully familiar with the content thereof. I give permission for the child named above to participate in the activities of this church, including any special events/activities described above. I hereby consent to the Medical Release, Event Waiver Form, and Media Release including the Release of Liability above, on behalf of the child, and agree that this Medical Release, Event Waiver Form, and Media Release shall be binding upon my estate and me.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

**For use if Adult Volunteer and/or Employee:**

As an adult volunteer or church employee, I hereby agree to each of the consents waivers listed above, including the Release of Liability, as pertaining to my own participation in these activities.

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

Print Name of Participant \_\_\_\_\_

Notary Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR INSURANCE CARD**