

**YOUTH MINISTRIES ADULT AUTHORIZATION AND RELEASE FORM**  
**First United Methodist Church of Arlington, Texas**

Date \_\_\_\_\_ (valid for one year from this date)

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_

List ALL health restrictions (i.e. allergies, medications): \_\_\_\_\_

List ALL medications to be taken and times to be taken (please send in ORIGINAL containers): \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Other emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO TREATMENT AND RELEASE OF LIABILITY**

***TO WHOM IT MAY CONCERN:*** \_\_\_\_\_ *has agreed to participate in this group.*

***PLEASE PROVIDE ANY MEDICAL ASSISTANCE NEEDED WHILE I AM WITH THE GROUP.***

*I, \_\_\_\_\_, do hereby authorize the First United Methodist Church of Arlington, Texas, a member of the Central Texas Annual Conference, and its delegated leaders and staff as agent(s) for myself, the undersigned, to consent to any medical and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any licensed physician or surgeon or the medical staff of a hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.*

*It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care deemed advisable. This authorization shall remain effective while I, the person named above, am under the care and custody of First United Methodist Church of Arlington, Texas.*

*Excepting limitations stated herein, I, the person registered on this form, have given permission to participate in all program activities under the supervision of the church staff and its designated leaders, including transportation in public and private vehicles that are utilized in authorized church program activities and in supervised water and sports activities.*

*I, the undersigned, do hereby waive all claims against and agree to indemnify and hold harmless First United Methodist Church of Arlington, Texas, a member of the Central Texas Annual Conference, its officers, staff, and designated leaders from any liability or responsibility for any injuries received by myself while participating in this church program.*

***USE OF PICTURES:***

*I DO DO NOT (circle one) give my permission for the use of my picture for the following purposes: including, but not limited to, Church website, paper, mailouts, Bulletin Boards, etc.*

***SIGNATURE OF PARTICIPANT*** \_\_\_\_\_ ***DATE*** \_\_\_\_\_

**FIRST UNITED METHODIST CHURCH ARLINGTON**  
**YOUTH MINISTRIES**  
**CHAPERONE COVENANT**

---

**As a chaperone for the FUMC Youth Ministries activities, I agree to abide by the following:**

- (1) I will stick to the plans. Taking a large group on a trip requires much pre-planning, organization, and flexibility. Please have yourself and your group where you are supposed to be, when you are supposed to be there.
- (2) I realize that my primary role is to chaperone. Remember that your time here is two-fold. We want you to enjoy your trip, but remember that the youth are first and foremost. Example: if a group of youth decides to stay at the cabins to play cards and watch movies instead of skiing, you might need to forego your ski time in order to be available to the youth.
- (3) I will act responsibly and in the best interests of the youth. Drive safely. Use good judgment. Be available in case a need arises. Be there if a youth needs you. Just spend time with them and enjoy!
- (4) I will treat youth with the same respect that I want to be shown. Realize that there is a significant difference in how Sr. High and Jr. High youth need to be monitored and / or corrected. Sr. High youth are used to being treated as young adults (more independently) – please honor that. Jr. High youth still need more supervision, but they are learning independence – please foster that.
- (5) I will not consume any alcohol, take any illegal drugs, or carry any weapons, at any time on a Youth Ministries-sponsored trip. It does NOT matter whether there are youth present or not.
- (6) I will communicate concerns immediately. If I overhear something concerning, or if I see any instances where I believe serious disciplinary action might need to be taken, I will bring it to the youth minister (or Greg/Roger in the instance of choir activities) immediately and let him address the issue.

This covenant is good for one year from the date of signature.

---

Printed Name

---

Date

---

Signature