

*STUDENT 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 \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_  
Name of Spouse \_\_\_\_\_

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 # \_\_\_\_\_

Number(s) where contacts may be reached: (day) \_\_\_\_\_ (night) \_\_\_\_\_  
\_\_\_\_\_

Other Emergency numbers: \_\_\_\_\_

*Covenant of Conduct*

In all meetings, retreats, or other events under the sponsorship and / or guidance of my church, I am a representative of the Christian Community, a responsible adult, and I am responsible for my actions. I understand that the following guidelines will be followed:

- 1) All conduct shall be in keeping with the highest Christian regard and respect for all persons.
- 2) All individuals will be expected to participate in group activities.
- 3) All dress shall be in good taste.
- 4) The area used for the meeting, retreat or other event shall be left clean.
- 5) The illegal use of drugs and the use or possession of tobacco or alcoholic beverages shall be prohibited.

*I HAVE READ AND UNDERSTAND THE COVENANT OF CONDUCT ABOVE, AND WILL ABIDE BY IT.*

Signature of participant \_\_\_\_\_

*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 THIS GROUP.*

*I, \_\_\_\_\_, do hereby authorize the First United Methodist Church of Arlington, Texas, a member of the Central Texas Annual Conference, and it's 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 provided 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, is 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, acting on behalf and that of myself, 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.*

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

*DATE \_\_\_\_\_*