

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 and I am responsible for my actions. I understand and agree 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 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 THE 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 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, 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** _____