

CHURCH LIABILITY RELEASE FORM

Name of student _____ Date of birth _____

Address _____ City _____ State _____ Zip _____

As a parent/guardian of the above minor youth and participant in the programs of First Methodist Church Temple children ministries, I do hereby release, forever discharge and hold harmless First Methodist Church Temple, and the directors/pastor's volunteers thereof, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses.

This release covers transportation provided by First Methodist Church Temple and its representatives who are properly licensed to drive in the state of Texas; also, meetings on the First Methodist Church Temple property or any other site during programs and activities; also consent to emergency medical or dental treatment, including examination, diagnosis, treatment, anesthetic, and surgical treatment, the undersigned agrees to pay all costs and expenses.

Medical Information

Name of insured _____

Insurance company _____

Primary Physician _____ Phone _____

Known Allergies / Medication / Medical Problems _____

Name of Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Phone _____

Signature of Parent / Guardian _____ Date _____

☐ Check here if you would NOT like to give FMC Temple permission to publish in print, electronic, or video format the likeness or image of your child. By not checking this box, you release all claims against FMC Temple with respect to this school year.

School Information

School District _____

Name of School _____

Date received by church _____ Staff signature _____