



First

United Methodist Church

Dr. Scott Youngblood, Senior Pastor

of Azle

Ministry Participant Information

Name: _____ Date of Birth: _____
 Street Address: _____ City/State/Zip: _____
 Home Phone (____) _____ Cell Phone (____) _____ Text: Yes or No
 E-mail _____

Parent/Guardian Information (if above is a minor)

Name: _____ Relationship to Participant: _____
 Street Address: _____ City/State/Zip: _____
 Home Phone (____) _____ Cell Phone (____) _____ Text: Yes or No
 E-mail _____

Healthcare/Insurance information

Insurance Provider _____ Phone Number _____
 Policy Number _____ Policy Holder Name _____

Medical Doctor: _____ Phone Number: _____

Medical History (Include special medical needs or concerns such as asthma, allergies, conditions, dietary needs, medications, etc.)

Other Information that leaders should know about the child or adult participant:

Emergency Contact Information

Emergency Contact #1: _____ Relationship: _____
 Home Phone: _____ Work/Cell: _____

Emergency Contact #2: _____ Relationship: _____
 Home Phone: _____ Work/Cell: _____

200 Church Street · Azle, Texas 76020
 Phone: (817)-444-3323 · Facsimile: (817)-444-3799
 church@fumcazle.org · www.fumcazle.org

Functions and Activities

I understand that participating in programs, recreation and other activities with First United Methodist Church of Azle, a part of Central Texas Conference of the United Methodist Church is an optional activity that I am willingly participating in. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, and 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 and pro-grams, 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 minor named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises and 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. I also agree to let the hospital or medical agent release the child or myself back to the church representative after treatment.

Adult Volunteers and Employees

As an adult volunteer or church employee, I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own participation in these activities. *Additionally I acknowledge that during activities and trips media in the form of photography and videos maybe taken and I give the church permission to use them in any way that will further the kingdom of God.*

For use if the Participant is a Minor

I represent that I am the parent/legal guardian of the child listed above, who is under 18 years of age. I have read the above Permission and Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of First United Methodist Church of Azle, a church in the Central Texas Conference of the United Methodist Church. I hereby consent to the Permission and Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission and Waiver Form shall be binding upon me and my estate. *Additionally I acknowledge that during activities and trips media in the form of photography and videos and I give the church permission to use them in any way that will further the kingdom of God.*

Date _____

Signature of Participant (if a minor Parent/Legal Guardian) _____

Consent to perform a Background Check

To assist in the creation of a safe environment for children, students and vulnerable adults who participate in the programs, of First United Methodist Church or use First United Methodist Church facilities, a background check will be conducted on any adult (18+) when involved in an applicable ministry program.

Signature _____

Date _____

For office Use Only:

Date Background Check Completed: _____

Staff Initials: _____