

Centreville United Methodist Church ~ Emergency Care Form

Adult (over 21 years of age) Participant Form ~ January 1, 2019 - December 31, 2019

Full Name of Participant (Print clearly) _____

Email Address: _____

Phone (Cell) _____ (H): _____ (W) _____

Street Address: _____

City/State: _____ Zip: _____ Date of Birth _____

Emergency Contact: _____

Contact Phone: (Cell): _____ (H) _____ (W) _____

Personal Physician: _____ Phone _____

Medical conditions (diabetes, allergies, etc.): _____

Required medications (including non-prescription) and dosage

Date of last Tetanus Shot: _____ Date of last physical: _____

Medical Insurance Co.: _____ Policy No.: _____

Insurance Company Phone No.: _____

Release of All Claims

I, being 21 years of age or older, do hereby release, discharge and agree to forever hold harmless CUMC, the directors, officers, employees and agents thereof, from any and all liability, claim and demand for personal injury, sickness and death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned while participating in the above-named event, including transportation.

Furthermore, I hereby assume all risk of said personal injury, sickness, death, damage and expense as a result of participation in Centreville United Methodist Church activities.

Further, authorization and permission are hereby given to said organization to furnish any necessary transportation, food, and lodging and to assign work to this participant.

I further hereby agree to hold harmless and indemnify Centreville United Methodist Church, its directors, officers, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred.

Participant Signature

Date

Phone Number

Participant Printed Name