

**Centreville United Methodist Church ~ Emergency Care Form for Adult Participants**

*Effective January 1, 2019 - December 31, 2019*

Full Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ (H): \_\_\_\_\_ (W) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

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.: \_\_\_\_\_

**LEGAL RELEASE STATEMENTS:** Your signature below indicates that you understand and agree to the following statements.

**MEDIA RELEASE:** I understand that my still photo or video image may be used for Centreville UMC media purposes. No names will be used in connection with any media. If this is a concern, it is my responsibility to notify the CUMC event organizer.

**RELEASE OF ALL CLAIMS:** I, being 18 years of age or older, do hereby release, discharge and agree to forever hold harmless Centreville United Methodist Church (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 CUMC events, 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's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Participant's Printed Name**