Centreville United Methodist Church ~ Emergency Care Form

| Adult (over 21 years of age) Participant Form~ January 1, 2024- December 31, 2024 | | | | |
|---|--|------|---------------|---------------------------------------|
| | | | | |
| Full Name of Participant (Print clearly) | | | | |
| Email Address: _ | | | | · · · · · · · · · · · · · · · · · · · |
| | | | (W) | |
| Street Address: _ | | | | |
| City/State: | | Zip: | Date of Birth | |
| Emergency Contact: | | | | |
| Contact Phone: (Cell): | | | | |
| Personal Physician: Phone 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.: | | | | |
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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

Participant Printed Name