

# Centreville United Methodist Church ~ Emergency Care Form

*Adult* (over 21 years of age) Participant Form ~ January 1, 2025- December 31, 2025

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