



Ministry Participant Information

Name: _____ Date of Birth: _____
Street Address: _____ City/State/Zip: _____
Home Phone: (_____) - ____ - _____ Cell Phone: (_____) - ____ - _____
Email: _____ Text? Yes No (circle one)

Parent Guardian Information (if participant above is a minor)

Name: _____ Relationship to minor: _____
Street Address: _____ City/State/Zip: _____
Home Phone: (_____) - ____ - _____ Cell Phone: (_____) - ____ - _____
Email: _____ Text? Yes No (circle one)

Healthcare/Insurance Information

Insurance Provider: _____ Phone: (_____) - _____ - _____
Policy Holder Name: _____ Policy Number: _____

Medical Doctor: _____ Phone: (_____) - _____ - _____

Medical History: _____

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

Emergency Contact Information

Emergency Contact: _____ Relationship to minor: _____
Home Phone: (_____) - ____ - _____ Cell Phone: (_____) - ____ - _____
Emergency Contact: _____ Relationship to minor: _____
Home Phone: (_____) - ____ - _____ Cell Phone: (_____) - ____ - _____

Functions and Activities

I understand that participating in programs, recreation, and other activities with First Methodist Church of Azle, a Global Methodist Church, is an optional activity in which I am willingly participating. 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 on the front or I, if I am an adult 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 I may have 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 and its ministers, leaders, employees, volunteers, and agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, and agents from any and all claims arising from my participation in its activities and programs, 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 on the front or I, if I am an adult 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 an adult 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 FMC Azle 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 on the front, 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 on the front to participate in the activities of First Methodist Church of Azle, a church in the Global 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 maybe taken and I give the church permission to use them in any way that will further the kingdom of God.*

By checking this box, I withhold permission to photograph or take videos of the named participant.

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

Date