

## Trinity United Methodist Church Adult Leader/Teacher Info and Release Form

Name \_\_\_\_\_

Birthdate (MM/DD/YY) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact NOT on the trip \_\_\_\_\_

Emergency Contact Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

**LIABILITY RELEASE:** In consideration of Trinity UMC allowing the Participant to participate in church & ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Trinity UMC, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child/youth Participant while involved in church & ministry activities. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation, food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION** I Consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization.

**MEDIA RELEASE:** I/We understand and agree that photos, video, and sound clips of minors may be used for purposes of communication about the ministries of TUMC. Digital media may include the TUMC website ([www.trinityump.org](http://www.trinityump.org)), TUMC Facebook page, individual Facebook/Instagram accounts of Ministry Leaders and other adults working with minors, TUMC Facebook Group (closed group), TUMC Instagram, TUMC group email, TUMC e-newsletters and mailings. I/We have read and understand the [TUMC Child/Youth Protection Policy](#).

Adult Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

**OVER FOR MEDICAL and INSURANCE INFO FORM**

## Medical and Insurance Information

*All information will be kept confidential unless needed for treatment*

For your safety, please list names of all medications/ amount and daily dosage: \_\_\_\_\_

Medications you should NOT take/be given \_\_\_\_\_

Food Restrictions \_\_\_\_\_

Other allergies/ special needs/considerations? \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Group/Plan # \_\_\_\_\_ ID # \_\_\_\_\_

Medical Insurance Telephone Number \_\_\_\_\_

**PLEASE ATTACH A COPY (FRONT AND BACK) OF THE INSURANCE CARD**

**DRIVERS, please attach a copy of your Driver's License (front and back)**