



Hearts Turning to God and Neighbor

## Information and Release Form

(for children and youth under 18)

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's email \_\_\_\_\_ Other phone \_\_\_\_\_

Father's name \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's email \_\_\_\_\_ Other phone \_\_\_\_\_

Known food or medicinal allergies \_\_\_\_\_

Significant medical history \_\_\_\_\_

\_\_\_\_\_

Current medications \_\_\_\_\_

Health insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Name of policy holder \_\_\_\_\_

Child's doctor \_\_\_\_\_ Phone \_\_\_\_\_

Nearest relatives/neighbors (circle preferred) to be contacted in case of emergency:

\_\_\_\_\_  
Name Work phone Cell phone

Other phone \_\_\_\_\_ Other phone \_\_\_\_\_

\_\_\_\_\_  
Name Work phone Cell phone

Other phone \_\_\_\_\_ Other phone \_\_\_\_\_

I hereby give permission for my child to be photographed throughout the year at various activities for use in church communications.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Authorization and Release (Child/Youth)**

I, \_\_\_\_\_, the parent of guardian of \_\_\_\_\_ (the "Child"), grant my permission for the Child to participate in any "Function" defined as a ministry, party, class, child care, activity, trip or other gathering specifically designed or planned for children/youth and sponsored or supported by the First United Methodist Church, d/b/a Keller United Methodist Church and/or its employees and volunteers (collectively, the "Church"). This will include Functions both on and off the property of the Church.

I warrant and represent that I have the authority to make medical care decisions for the Child, and:

1. **I HEREBY RELEASE AND FOREVER DISCHARGE THE CHURCH AND ALL OF ITS REPRESENTATIVES, AGENTS, ATTORNEYS, PRINCIPALS, EMPLOYEES, OFFICERS, DIRECTORS, PARTNERS, VOLUNTEERS, PARENTS, SUBSIDIARIES, AFFILIATES, SUCCESSORS, HEIRS AND ASSIGNS (The Church") FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, LIABILITIES, SUITS, DEBTS, CLAIMS OR DEMANDS FOR ANY LOSS ARISING FROM THE CHILD'S PARTICIPATION IN A FUNCTION; and,**
2. **ON BEHALF OF MYSELF AND THE CHILD AND ANY OF OUR REPRESENTATIVES, AGENTS, ATTORNEYS, PRINCIPALS, EMPLOYEES, OFFICERS, DIRECTORS, PARTNERS, VOLUNTEERS, PARENTS, SUBSIDIARIES, AFFILIATES, SUCCESSORS, HEIRS AND ASSIGNS, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE CHURCH FROM ALL CLAIMS AND CAUSES OF ACTION ARISING FROM THE CHILD'S PARTICIPATION IN A FUNCTION; and,**
3. I authorize the Church to furnish any transportation or food, and/or seek medical care/treatment it deems necessary for the Child. I authorize the Church to incur such costs as are reasonably necessary on my behalf, and I will be responsible to pay for any costs arising from such authorization. It is my sole responsibility to seek coverage from my own insurer, if any, and I remain responsible for such costs regardless of insurance coverage or denial; and,
4. I grant permission for the Child to participate in Functions as defined above.
5. I grant permission for the Child to be photographed throughout the year at various activities for use in Church communications.
6. I am familiar with the Church's Child/Youth Protection Policy, and I understand that the Child's participation in a Function is in the sole discretion of the Volunteer(s) and Worker(s) supervising the Function. If it becomes necessary to return the Child to me before the conclusion of the Function, I defer to the discretion of the Volunteers/Workers, and consent to the return of the Child. I understand and agree that I will reimburse the Church for the costs of any transportation or other expenses incurred in the return of the Child, and that I will not be refunded any costs or fees previously paid for the Child to participate in the Function.

\_\_\_\_\_  
Signature

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed above and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ .

STATE OF TEXAS

\_\_\_\_\_  
Notary Public in and for  
\_\_\_\_\_ County, TX  
My Commission expires \_\_\_\_\_