

Mosaic UMC  
478 Columbia Industrial Boulevard  
Evans, GA 30809

Youth Insurance, Function & Activity Permission,  
and Medical Liability Release Form  
January 1<sup>st</sup>, 2018 - December 31<sup>st</sup>, 2018

### Contact Information:

Youth Name: \_\_\_\_\_ Youth Age: \_\_\_\_\_ SS# \_\_\_\_\_

Name of Legal Guardians: \_\_\_\_\_

Address \_\_\_\_\_ Parent E-Mail \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Parent Cell (\_\_\_\_) \_\_\_\_\_ Youth Cell (\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_ E-mail of Youth: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

### Medical History:

(Include special medical needs or concerns such as asthma, allergies, conditions, dietary needs, medications, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Other Information** that leaders should know about the child or adult participant:

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts:

Primary Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Name of Insured:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

Group #: \_\_\_\_\_ Pre-Authorization Phone #: \_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_

**EMERGENCY AUTHORIZATION-** I hereby give permission to the medical personnel selected by Mosaic United Methodist Church's staff or church leaders to order x-rays, routine tests and treatment for my child that he or she may deem necessary. In the event of an emergency and I cannot be reached, I hereby give permission to the physician or other health care professional selected by Mosaic UMC staff or church leaders to hospitalize, secure proper treatment, order injections and and/or anesthesia and/or surgery for my child as named in this document. I further authorize the release of the listed medical information to appropriate medical personnel and/or the health coverage insurance company. I will pay for any medical expenses so incurred. I will notify the church if I feel there are any health considerations that would prevent

my child's participation in any activity. I also give my permission for Mosaic UMC staff or church leaders to restrict my child from participation in any activity, which they have any questions about for health or other reasons.

EVENT PARTICIPATION - As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by Mosaic United Methodist Church for the calendar year as shown above.

**PHOTO RELEASE** - I grant permission to Mosaic United Methodist Church to take and use photographs of my child for use in church related publications such as brochures and newsletters, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on the Mosaic UMC web site or other electronic forms or media, and to offer them for use or distribution in publications outside Mosaic UMC, electronic or otherwise, without notifying me.

I have carefully read this release of liability and understand its contents. By signing this form, I certify that I have full legal authority to act on behalf of the minor child identified herein. I understand that this release is a contract and my signature binds me, the minor child, all successors and assignors, and all third parties to this release of liability for any injury to the child. By signing this form, I hereby release, waive, and forever discharge my right and the child's right to file a claim, demand, or cause of action of any type against Mosaic UMC for any act or omission, including but not limited to negligence on the part of the church and its staff, representatives, or volunteers. I fully accept all risks, if any, this activity poses on behalf of the minor child. Further I will hold Mosaic UMC harmless and will indemnify Mosaic UMC for any cost (including litigation and/or legal fees) that may result from the minor child's participation in Mosaic UMC Youth events.

FOR STUDENTS WHO ARE ADULTS: I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Student Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

FOR Minors: By signing this form I am acting on behalf of my minor child and have the legal authority to do so. I am also signing on behalf of myself, the parent.

Parent Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

PLEASE SCAN A COPY OF YOUR INSURANCE CARD

*If this information changes over the next year, please complete a new form.*

***Please e-mail this signed and completed document to  
inthisarms@comcast.net***