

**FIRST UNITED METHODIST CHURCH
IRVING, TEXAS**

MEDICAL RELEASE AND WAIVER OF RESPONSIBILITY

Child's Name _____ Home Phone _____

Parent/Guardian Name _____ Cell Phone _____

Parent/Guardian Name _____ Cell Phone _____

Emergency Contact Name _____ Phone _____

MEDICAL RELEASE

I (We) hereby give my permission for (child's name) _____
to be treated by authorized, licensed medical personnel in the event of an accident or medical
emergency while involved in the activities of the First United Methodist Church, Irving, Texas.

Signed _____

Signed _____

Printed Name _____

Printed Name _____

Relation to child _____

Relation to child _____

Date _____

Date _____

WAIVER OF RESPONSIBILITY

I, (We,) _____ (and) _____

parent(s)/guardian(s) of _____, a minor, jointly and severally
as parent(s) and guardian(s) of a minor child, release and discharge the First United Methodist Church,
its agents, employees and any and all persons concerned therewith from any and all liability, claims and
causes of action of any type whatsoever arising out of or in any way connected with said child's
participation in the activities of the First United Methodist Church of Irving, Texas.

Signed _____

Signed _____

Printed Name _____

Printed Name _____

Relation to child _____

Relation to child _____

Date _____

Date _____