

**EMBRY HILLS UNITED METHODIST YOUTH FELLOWSHIP  
HEALTH INFORMATION, PERMISSION, AND LIABILITY RELEASE FORM**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name(s) of Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell/pager) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insurance Co. Phone: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Family Doctor and Phone: \_\_\_\_\_

Please describe any medical conditions (allergies, etc.) and prescription medications:

\_\_\_\_\_

**RELEASE OF LIABILITY:**

I give my child, \_\_\_\_\_, permission to travel in transportation provided by Embry Hills United Methodist Church, Inc. (EHUMC), and its staff, members, and volunteers, and grant permission for the above named youth to participate in the events of the Embry Hills United Methodist Youth Fellowship.

I give permission to any adult chaperone representing EHUMC to act in my behalf if my child is injured or ill. I understand that I may be unable to be contacted in an emergency to grant specific permission for emergency medical care, and I authorize the adult staff and volunteers representing EHUMC to make such emergency medical decisions on my behalf.

In consideration of Embry Hills United Methodist Church, Inc., providing transportation and supervision in conjunction with youth group events, I hereby hold harmless Embry Hills United Methodist Church, Inc., its staff, members, and volunteers, and for my heirs, executors, and assigns do release and discharge Embry Hills United Methodist Church, Inc., its staff, members, and volunteers from all claims, actions, demands, and compensation whatsoever which I may have now, or in the future, on account of or in any way growing out of the circumstances relating to scheduled events, except for gross negligence. I further declare that the terms of this release are contractual and not a mere recital.

THE UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THIS RELEASE.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

THE SECTION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC.

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

\_\_\_\_\_

Signature of Notary Public