

Asbury United Methodist Church
220 West Horatio Avenue
Maitland, Florida 32751
Phone: 407-644-5222

ANNUAL LIABILITY RELEASE FORM

Release of All Claims

Please type or print

Name of child/youth: _____ Birth Date: _____

Address: _____
Street / Apt. Number City State ZIP

I (we) understand that my child/youth will be participating in a number of activities for the calendar year _____. I will be notified of any off campus activities before they take place. Travel to and from activities may be required. I (we) consent for my child/youth to participate in these activities.

Please indicate any restrictions on your child/youth(s) activities: _____

Phone Number: _____ Emergency Phone No: _____

MEDICAL TREATMENT AUTHORIZATION It is my (our) understanding that the above mentioned church will attempt to notify me in case of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. 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/youth participation in any of the activities that I (we) have been notified of.

List all Allergies or other health considerations: _____

Insurance Company: _____ Phone No: _____

Policy/Group #: _____ Hospital Insurance Yes / No

Doctor's Name & Phone No.: _____

Fathers Name: _____ Mothers Name: _____

Father's Signature Date Mother's Signature Date

Legal Guardians name: _____
(printed) Legal Guardian's Signature Date

Emergency Contact information: _____