



## HEALTH CONTACT INFORMATION

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_  
(Company) (Member/ID Number)

Medications: \_\_\_\_\_  
(medications must be kept in original container with label intact)

Allergies (medicine, food, other): \_\_\_\_\_

Special health concerns: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

## MEDICAL RELEASE

Intending to be legally bound for the time of any participation in any Bethlehem UMC/SHINE Student Ministry event or trip I hereby:

1. Give the chaperones, volunteers and/or employees authority to consent to such medical or surgical treatment or procedures as he/she may, in his/her sole discretion, deem advisable for the undersigned MINOR should the chaperone determine the situation renders it impractical to seek my prior consent to medical or surgical treatments or procedures.
2. Authorize the chaperones, volunteers and/or employees to execute whatever documents may be required to consent to medical or surgical treatment or procedures for the undersigned MINOR.
3. Agree to assume full responsibility and liability for payment of any expenses or charges incurred in connection with medical or surgical treatment or procedures for the undersigned MINOR.

## LIABILITY AND INDEMNITY RELEASE

### Background:

The undersigned MINOR will be participating, together with other youth of SHINE in any or all off-site or on-site events or trips. The undersigned MINOR and parent wish to absolve Bethlehem UMC and SHINE Student Ministry and chaperones from any liability arising from participation.

### WITNESSETH

Intending to be legally bound for one year (365 days) from the date listed below, I hereby:

1. Acknowledge my understanding that there is a risk of injury, illness, or other unexpected event affecting the undersigned MINOR while at any event with Bethlehem United Methodist Church. I further acknowledge that there is a risk that quality medical care might be unavailable at any event or trip with Bethlehem United Methodist Church.
2. Agree that the youth and parent/guardian are assuming the risk of any injury, illness, or other events affecting the undersigned MINOR while at any Bethlehem United Methodist event or trip.
3. Release Bethlehem United Methodist Church, its directors, employees and all persons acting as agents for Bethlehem United Methodist Church (the "Released Parties") with it from any liability for any damages, injury, illness, or other events which may result from the undersigned MINOR's participation in any trip or event.
4. Agree that I will not under any circumstances begin a suit against any of the Released Parties, and agree to defend and hold harmless the Released Parties against any loss, damage, or claim which the Released Parties may incur or which may be asserted against the Released Parties by the undersigned MINOR or anyone else, as a result of the undersigned MINOR's participation in any trip or event.
5. Represent to Bethlehem UMC that the undersigned is a living parent or legal guardian of the undersigned MINOR.
6. Agree that Bethlehem UMC, SHINE and its representatives may use my image, like-ness and representation to promote, report and advertise.

Student Name (printed)

Student Signature

Date

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date