

**Sugarloaf United Methodist Church  
Medical Consent and Liability Release**

Event or Mission Trip Attending \_\_\_\_\_ Date \_\_\_\_\_  
Name of Participant \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_  
(required for treatment in most hospitals)

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Insurance Address & phone \_\_\_\_\_  
Place of employment providing Insurance \_\_\_\_\_  
Blood Type \_\_\_\_\_ Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Comments regarding medical history, allergies, medications, or other conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, please contact the person(s) named below:  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone number(s) \_\_\_\_\_

I acknowledge that my signature on the bottom of this page signifies that I am freely and voluntarily providing the above information, including my confidential health information, and I agree to the further release of this information if necessary. All statements and information provided are true and correct. Furthermore, I agree to abide by all policies and expectations as put forth by Sugarloaf United Methodist Church as written.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian (if minor) \_\_\_\_\_ Date \_\_\_\_\_

(Please turn over)

**Medical Consent:** In the event that I become ill or sustain an injury while on this event or trip, I, the undersigned, give my permission to those in charge to take whatever steps necessary to administer needed first aid or medical treatment. I give my permission to the attending medical care professionals used by those in charge to hospitalize, secure proper treatment, order injections, prescribe medications, or perform surgery in the case of an emergency.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian (if minor) \_\_\_\_\_ Date \_\_\_\_\_

**Liability Release:** Further, I acknowledge that I have read and understand the information presented to me regarding this mission ministry or event. I hereby knowingly, freely, and voluntarily waive any right, claim or cause of action, of any kind whatsoever, I might otherwise have, arising as a result of my participation in this mission trip or event. I agree to hold harmless and indemnify Sugarloaf United Methodist church, its directors, employees, and agents for any liability alleged or sustained by said entities as the result of my negligent, willful or intentional acts, including, but not limited to, expenses and attorney fees attendant thereto.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian (if minor) \_\_\_\_\_ Date \_\_\_\_\_

**Media Consent:** I give consent and permission for the taking of photographs and/or video of me during all Sugarloaf UMC events and waive and/or assign any and all rights (including copyrights) in such media to Sugarloaf UMC. Sugarloaf UMC as the sole owner of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian (if minor) \_\_\_\_\_ Date \_\_\_\_\_