

Pharr/San Juan United Methodist Churches

Medical and Liability Release Form - ADULT

I _____ (participant), Of _____ (home address)

authorize _____ (another adult in team), if I am unable to do so, to give permission for any necessary examination, anesthetic, medical diagnosis, surgery, treatment, and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which he/she practices, during the duration of the mission trip identified below.

Effective Dates _____ Location of Project _____

Home Physician _____ Physician's Phone _____

Medical Insurance Provider _____ Phone _____

Policy Number _____ Group Number _____

Allergies _____

Medications _____

Diabetic? Yes or No Seizures? Yes or No Physical Limitations _____

Person to contact in the event of an emergency:

Name _____ Relationship _____

Address _____ Phone _____

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Liability Release

The undersigned releases and agrees to hold harmless the Pharr and San Juan United Methodist Churches, the McAllen District of the United Methodist Church and any related agency, conference, district, local church, members, employees, or agents from any liability, injury, damages, loss, accidents, delay or irregularity related to the undersigned individual's planned participation or involvement in the above mission trip. The release covers all rights and actions of every kind, nature and description which the undersigned ever had, now has, or but for this release may have. The release binds the undersigned and his/her heirs, representatives and assignees.

The undersigned also authorizes the use of photographs and videos to be used in the promotion of mission work of the United Methodist Church.

Participant's signature _____ Date _____

Social Security Number _____

Witness Signature _____ Date _____