

**Pharr/San Juan United Methodist Churches
Medical Release Form (YOUTH)**

I, _____,
parent or legal guardian of _____,

Authorize _____, a adult participating in said trip, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment and/or hospital care rendered to my son/daughter under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified below.

Activity: Volunteer work with Pharr/San Juan Mission Program **Dates of Trips:** _____

Participant's Physician: _____ Telephone _____

Allergies and Medications: _____

Participant's Medical Insurance: _____

Policy No. _____ Carrier's Telephone No: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

Witness: _____

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.

Parent's signature _____ Date _____

Participant's signature _____ Date _____

Social Security Number _____

Witness Signature _____ Date _____