

Date: ____/____, 20____

EMERGENCY MEDICAL AUTHORIZATION AND RELEASE for ADULTS (Please PRINT ALL Information)

I, (Full Name) _____ the "Participant" identified below, REQUEST, AGREE, AUTHORIZE AND GIVE APPROVAL that in case an injury to the Participant occurs at a First United Methodist Church Richardson, Texas ("FUMCR" or "Church") Facility, or at a FUMCR related activity, and in the event that I am incapacitated to the extent I am unable to express my consent for medical treatment, and time is too critical to delay, I should be taken for emergency care to either the family physician indicated below OR such emergency medical services provider at the discretion of FUMCR personnel. I further authorize the emergency medical services provider and any attending physicians to perform any and all diagnostic procedures and/or treatments required. I agree to pay for all such medical services and care.

Participant's Name "Participant"		Date of Birth
Address		Phones Home: Work: Cell:
Emergency Contact – Full Name	Address	Phones Home: Work: Cell:
Relationship:		
Family Physician	Family Physician's Phone	Family Physician's Address
List Known Allergies, Health conditions and medications currently taking (use back if necessary)		Last Tetanus Booster
Primary Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Other _____ Group or Employer Name	Primary Policy Holder's Name Group Number or SS#	Contact number
Supplemental Insurance Company Group or Employer Name	Supplemental Policy Holder's Name Group number	Contact number

The person signing below ("**Releasor**"), the above name Participant, for himself/herself, and all heirs and successors to the Releasor, hereby unconditionally and forever waive, release, discharge and acquit, and also agree to defend, indemnify and hold harmless FUMCR, a Texas not for profit corporation, and its directors, trustees, officers, employees, members and agents (collectively and individually, the "**Released Parties**") from and against any and all claims, losses, acts, actions, controversies, omissions, and cause or causes of action which the Releasor may have against the Released Parties in any way arising out of, in connection with or relating to the participation in any activity at an FUMCR Facility or FUMCR related activity. I also grant permission to FUMCR to use any photo or video taken at an FUMCR Facility or Church sponsored function in any publication or FUMCR website.

Signature – Participant

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____

SEAL

NOTARY PUBLIC, STATE OF TEXAS
My Commission expires: _____, 20_____