ADULT PARTICIPANT RELEASE OF LIABILITY

First United Methodist Church
Montgomery, Alabama

Full name: _____

Age: _____ Birth Date: _____ Male: _____ Female: _____

Address: _____

_____

Person to notify in case of an emergency:

Name: _____Relationship: _____

Address: _____Phone: _____

Please list any physical problems, limitations or medications that the tour coordinator should know about for your safety or in case of an emergency. Please include the dosage and times medication(s) are taken:

_____

_____

Primary Doctor: _____ Phone Number: _____

Health Insurance Carrier: _____ Policy Number: _____

ENCLOSE A COPY OF YOUR INSURANCE CARD – FRONT & BACK

First United Methodist Church
A Safe Sanctuaries Congregation
2416 West Cloverdale Park
Montgomery, Alabama
334-834-8990

I the undersigned, recognize there are risks, including those of injury and even death, in all of the activities initiated and carried out under the auspices of FUMC. I freely assume those risks on my own behalf. I agree to release and hold harmless from liability FUMC, its staff members, volunteer workers, and other employees and agents in the event of my injury or death resulting from negligence or any other theory of liability while engaging in any FUMC sponsored activity. I agree to not make any claim or file any lawsuit against FUMC, its staff members, volunteer workers, employees and agents, for injuries or damages related to my participation in FUMC activities.

In the event that I am injured while participating in a FUMC sponsored activity and require the attention of a doctor, and am unable to consent at the time, do hereby give my consent to any medical, surgical or dental care, or treatment at any hospital, as deemed necessary by a licensed physician or dentist. I agree to hold FUMC and its representatives free and harmless of any claims, demands, or suits for damages arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician. I understand and agree that any expenses incurred in providing medical treatment for me will be my responsibility and not the responsibility of FUMC or any other party.

I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Alabama and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I, the undersigned, have read this Release and Consent form and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

_____ (please initial) I understand that this is a legally binding contract and that FUMC activities are provided in consideration for this signed Release of Liability Agreement.

IN WITNESS WHEREOF, I (we) have executed this Release and Consent form on this _____ day of _____, 20_____.

_____ _____

Participant' Signature Date

_____

Printed Name

Effective for calendar year: _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20_____.

_____

Notary Public

My Commission Expires: _____