

**First United Methodist Church of Des Plaines**  
**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in the programs of the First United Methodist Church of Des Plaines (the “Church”), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program. **In order to participate with the Church in the program, class, event or volunteer opportunity specified below a completed form is required.**

I recognize and acknowledge that there may be certain risks of physical injury as a participant in this program. I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in any programs or activities against the Church, including its officials, agents, volunteers and employees. I have fully read and fully understand the above important information, warning of risk, assumption of risk, waiver and release of all claims.

I have read and fully understand the waiver below and understand my signature, or my guardian’s signature if I am under 18, is required to take part in the identified program.

Program Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Signature or Signature of Participant (if over 18) or Signature of Parent or Guardian:

\_\_\_\_\_

Date: \_\_\_\_\_

**First United Methodist Church**  
**Consent for the Medical Treatment and Medical Information**

The purpose of this form is to permit the medical treatment of the person identified below. Reasonable attempts will be made to contact the parent or guardian listed below before beginning treatment.

I(We), the undersigned or the Parent or Legal Guardian of minor named below, consent and give permission for my child to participate in the below mentioned program, class, event or volunteer opportunity associated with the First United Methodist Church of Des Plaines.

In the event of injury or illness to the participant named below, I, hereby authorize a leader of the First United Methodist Church of Des Plaines or any medical professional in attendance to secure and provide such emergency medical treatment as shall be deemed necessary by those present; including but not limited to hospitalization, injections, anesthesia, surgery, x-ray, medical testing, and the administration of medications.

Further, the First United Methodist Church of Des Plaines does not maintain any medical insurance for the participants in any programs, classes, events or volunteer opportunities. I (We) understand that we will be responsible for any and all costs of medical treatment incurred by or on behalf of the participant named below.

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

**Emergency Contact Information:** (if parent/guardian unavailable)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Medical and Insurance Information:**

Allergies: \_\_\_\_\_ Last Tetanus Immunization: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Other Information: \_\_\_\_\_

Physical Impairments: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policyholder's name: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian if under 18 years old)