

Adult Medical Release / Insurance Form

Bethany United Methodist Church – Student Ministries (Austin, Texas)

This release is valid from date of signature to August 31, 2016.

NAME _____ BIRTHDATE _____
Last First M.

HEIGHT _____ WEIGHT _____ Sex _____

ADDRESS _____
Number Street City State Zip

HOME _____ CELL _____ E-MAIL _____

EMERGENCY CONTACT _____
Name Phone Number Relationship

FAMILY DOCTOR _____ OFFICE PHONE _____

FAMILY DENTIST _____ OFFICE PHONE _____

Front of
Medical Insurance Card

Back of
Medical Insurance Card

DATE OF LAST TETANUS SHOT _____

SPECIAL HEALTH PROBLEMS _____

MEDICATIONS _____

ALLERGIES _____

Certifications: (list expiration date): First Aid _____ CPR _____ Lifeguard _____
Other (ie, Doctor, Nurse, EMS, etc) _____

This consent form gives permission to seek whatever emergency medical attention is deemed necessary, and releases Bethany United Methodist Church and its staff of any liability against personal losses of _____ (adult name). I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the church, its pastors, employees, agents, and volunteers workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. In the event that I am injured and require the immediate attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event emergency treatment is required from a physician and/or hospital personnel designated by the church, I agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date, and will, to the best of my knowledge, still be in force for me.

SIGNATURE _____

DATE _____

Adult Student Ministries Sponsor Agreement

Bethany United Methodist Church (Austin, Texas)

This Agreement is valid from date of signature to August 31, 2015.

A Student Ministries sponsor is someone who does the following:

- Promote the physical, mental, emotional, & spiritual well being of our students at all times
- Helps to actively supervise students
- Model for the students what it looks and sounds like to be a Christian
- Have fun!

Being a Student Ministries sponsor requires a commitment to the spiritual journeys of the students, and it requires a heart for the Lord with a desire to have fun.

Remember: *We are all teachers. The question to ask yourself is – “Who am I teaching and what are they learning from me through my words and actions”?*

2015-2016 STUDENT MINISTRIES SPONSOR AGREEMENT

As a Student Ministries sponsor, I _____ agree to set the best example I can through my words, actions, interactions, presence, and prayers at all Student Ministries functions. I also agree that while I am at a Student Ministries function, whether day or overnight that I will abstain from the use of drugs and alcohol, and that (if necessary) any tobacco use will be in an area away from the sight and proximity of the students. Finally, I agree to the required commitment as outline above.

Signature _____ Date _____

Please understand that photos and video may be taken during Student Ministries events to be used in the future promotion of our ministries and programs via the internet and youth publications. (If persons are identified, it will be by first name only.) If you do not want your photo to be published on the internet or in student ministries publications, please indicate below by checking the box.

I do NOT give permission to electronically display or publish a photograph or video of myself.