

Moody Memorial FUMC

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Medical Release and Consent Form ADULT

Christian Life Center Athletic Activities (Valid for One Year and must be notarized)

Participant Information – Adult Male or Female Church Member or Non-Member

Name: First (Nickname, if any) Middle Last _____ / / _____
Date of Birth

Address: Street City State Zip Home Telephone Number
()

Emergency Contact Information

Name Relationship to Person Named Home Telephone Pager/Cell Phone
() ()

Name Relationship to Person Named Home Telephone Pager/Cell Phone
() ()

Health Information

Copy of front & back of insurance card attached?

Primary Physician Telephone Number
()

Primary Medical Insurance Company/Group

Date of Last Tetanus Shot: _____

Policy Number Responsible Party

Medications: _____

Allergies: _____

General Health Concerns/Past Medical History: _____

I knowingly release, absolve, indemnify, and hold harmless Moody Memorial FUMC., its Members, Trustees, Boards, Leadership, and Staff, as well as counselors, organizers, workers and all others acting on behalf of Moody Memorial FUMC or its programs and activities, from all claims that might result from any accident, personal injury, illness and/or death to the person named arising out of participation in such programs and activities. In the event that I require medical or dental attention while attending a Moody Memorial FUMC Ministries event, I understand that a staff member of the event will make every reasonable attempt to contact the above listed emergency contacts. In the event that they are contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize Ashley Shriver, CLC Director, or any other Staff Member to give such consent for me if I cannot be communicated with. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. I declare that I am covered by medical insurance and/or that I am responsible for any and all expenses incurred by myself, whether covered under insurance or not.

I have read and understand this Medical Release and Consent Form and represent that all of the information contained herein is true and correct. I, hereby, accept and assume all the risks of injury associated with the activities of Moody Memorial FUMC Ministries. Unless terminated in writing, this release shall be effective for one (1) year.

Participant Signature: _____ Date: _____

STATE OF TEXAS §
COUNTY OF _____ §
This instrument was acknowledged before me on _____, 200____ by _____.

Notary Public, State of Texas