MEDICAL AND LIABILITY RELEASE STATEMENT May 2023 – May 2024 First United Methodist Church, 503 Maple Street, Murray, KY 42071

Name of participant:		
I understand that in the event medical intervention immediately the persons listed on this form. In the event activity dates shown on this form, I hereby give permissleader to secure medical treatment for my child as deep	ent I cannot be reached in an assion to the medical persons	n emergency during the
I understand that my insurance coverage for my medical intervention is needed.	child will be used as primar	y coverage in the event
I understand all reasonable safety precautions wi and its agents during the events and activities. I under inherent possibility of risk. I agree not to hold First Univolunteers liable for damages, losses, diseases, or injur-	stand the possibility of unfo nited Methodist Church, its	oreseen hazards and know the leaders, employees, and
I further give my permission for my child to ride minor has been entrusted while attending and participa Church. Please make note of any special medical	ting in activities sponsored	by First United Methodist
Parent/Guardian Signature	Da	te
Primary Phone #	_Secondary Phone #	
Secondary Contact	Phone#	
Relationship to child		
Name of Insurance Company	Po	licy #
Name of Cardholder	Expiration	n
May 202	ASE STATEMENT 3 – May 2024 503 Maple Street, Murray, KY 420	971
CHOOSE ONE:		
I give First United Methodist Church and per take photos to be shared with the congregation, on	-	-
Please do NOT share my child's photo on the	church website or the chu	rch Facebook page.
Child's Name: Parent/Gua	rdian Signature:	Date: