

**AUBURN UNITED METHODIST CHURCH**  
**(Detroit Conference) WAIVER & MEDICAL AUTHORIZATION FORM**

**PARTICIPANT INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MALE: \_\_\_ FEMALE: \_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

*IF MINOR:*

Date of Birth: \_\_\_\_\_ Custodial Parents: \_\_\_\_\_

**TRANSPORTATION:** I authorize my child, youth, or the vulnerable person I am responsible for, to be transported to and from an event, program or activity of the Detroit Conference, its Districts or Agencies by those that are approved drivers from the local church **Auburn United Methodist Church**. I understand that there may be only one adult in this vehicle and AUMC may or may not have a certified care giver or certified driver of the Conference, its Districts or Agencies.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE:** I give my permission for photographs, video images and/or audio recordings to be used for publicity of Auburn United Methodist Church.

Parent/Guardian/Participant X \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION:** Name of Insurance Carrier \_\_\_\_\_

Insurance Group Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Does participant have any food allergies, physical, mental, or medical issues that staff paid or volunteers should be made aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

If prescribed medications will accompany your child they must remain in a prescription bottle with clear directions for administration in a sealed zip lock bag.

I understand that safety precautions will be taken by the Church and its agents during the event. However, I understand that the possibility of injuries, unforeseen hazards and inherent risks exists. I agree not to hold the Church, its employees, members and volunteers liable for and I release them from any damages, losses, diseases or injuries incurred by the participant.

**EMERGENCY HEALTH CARE:** I authorize any emergency health care or treatment for my child, youth or vulnerable person that is deemed necessary by the transporter (driver) or certified care giver at an event, programs or activity sponsored by AUMC. A prompt call will be made to the emergency contact numbers provided below:

EMERGENCY CONTACT NUMBERS: \_\_\_\_\_

PARENT/GUARDIAN NAME PRINTED: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN OR PARTICIPANT IF OVER 18:

X \_\_\_\_\_ DATE \_\_\_\_\_

