



409 1<sup>ST</sup> STREET SE  
MOULTRIE, GA 317968  
229-985-2139

## ANNUAL EVENT WAIVER

### General Information

Name of Student: \_\_\_\_\_ Age \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Address \_\_\_\_\_

### Contact Information:

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact(s) other than parent:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

### Necessary Medical Information

Allergies \_\_\_\_\_

Relevant Medical History \_\_\_\_\_

Activity Restrictions  No  Yes If yes, please explain \_\_\_\_\_

### Health Insurance

*Note: Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church related activity.*

Does your child have health insurance?  No  Yes

Name of insurance provider \_\_\_\_\_ policy # \_\_\_\_\_

Address of insurance provider \_\_\_\_\_

**Medical Release:** In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter, as deemed necessary.

**Liability Release:** Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parents or guardian agree to assume and accept all risks and hazards inherent in church related activities. They also agree not to hold Moultrie First United Methodist Church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

**Photo Release:** Moultrie FUMC has my permission to take photos of my child and use the images in any promotional materials (ie. Social media, website, flyers, posters, ads, billboards, and any other media format used by the church for promotions) **YES** **NO** (circle one)

Parent of Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

WAIVER EFFECTIVE DATE MAY 1, 2023 - MAY 1, 2024