

Cornwall UMC Liability Release Form

I, _____ (please print your name) in consideration of being accepted by Cornwall United Methodist Church for participation in the **Heart and Hand Mission Trip to Philippi, West Virginia** on _____, do hereby agree to hold harmless from, indemnify, and defend against, including the payment of attorney's fees, the Cornwall United Methodist Church, its trustees, ministers, officers, and volunteers, including volunteers pertaining to the above trip or activity, any and all claims, liability, allegations of personal injury, sickness, or death, as well as property damages and expenses of any nature whatsoever that may be incurred by the undersigned participant that may occur while participating in the above-described trip or activity.

Furthermore, I assume all risk of personal injury, sickness, death, damage, and expenses as a result of participation in the recreation activities involved herein.

In the event of an emergency, I hereby authorize a leader of this activity, as an agent for me, to consent to any x-ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to participate under the laws of the state where the services are rendered, either at a doctor's office or in any hospital.

Participant Signature

Date

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EMERGENCY CONTACT

Name: _____

Relationship: _____

Telephone: _____

MEDICAL INFORMATION

Allergies: _____

Medications being taken: _____

Date of last tetanus shot: _____

Physical handicaps or limitations: _____

Medical Insurance Company: _____

Policy Number: _____

Member's Name: _____

Any additional information: _____
