

# Detroit Conference Waiver & Medical Authorization Form

## Participant

Last Name \_\_\_\_\_ First \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**EVENT NAME - Please list the name of the Saginaw Bay District event below:**

\_\_\_\_\_

**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 (list church name) \_\_\_\_\_  
I understand that there may be only one adult in this vehicle and that the church (listed above) 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 permission for photographs, video images and/or audio recordings to be used for publicity of United Methodist Ministries.

Signature of Parent or Guardian \_\_\_\_\_ 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 or No (please circle)

If yes, please explain \_\_\_\_\_  
(please use back of this form for additional information)

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 this 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 the Detroit Conference, its Districts, or one of its Agencies. A prompt call will be made to the emergency contact numbers provided below.

Emergency Contact Numbers \_\_\_\_\_ or \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_ First \_\_\_\_\_ Relationship \_\_\_\_\_  
to Participant \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_