



VALID:
June 1, 2026 –
June 1, 2027

Adult Consent, Certification, Medical Authorization

Adult participants in Youth Ministries programming and events are asked to complete this form and return it to the Youth Ministries office. The information requested is designed to assist the church in providing for your safety during church-sponsored activities.

Adult Name: _____ **DOB:** ___/___/___ **Gender:** _____
Address: _____ **City:** _____ **State:** ___ **Zip:** _____
Emergency Contact 1: _____ **Relation:** _____ **Cell Phone:** _____
Emergency Contact 2: _____ **Relation:** _____ **Cell Phone:** _____

MEDICAL INFORMATION

Allergies (dietary, environmental, medication, etc.)

Medical Limitations (anything that would prevent you from participating in normal rigorous activities)

List ALL prescription medications you take:

Dietary Restrictions:

Date of last shot (MM/YYYY) (leave blank any that do not apply/do not know date) **Can You Swim?**
Tetanus/Tdap (___/___) Influenza (___/___) COVID-19 (___/___) Yes No

Medical Insurance Co: _____ **Policy and/or Group #:** _____

Insured's ID #: _____ **Name of Policy Holder:** _____

PERMISSION AND RELEASE

Please read and review the Consent and Certification and Medical Treatment Authorization sections before signing below.

Consent and Certification: First United Methodist Church of Fort Worth, Inc. sponsors various activities for its members and participation in those activities is voluntary. I understand that with any activity, including transportation, there is the chance of injury to person or damage to property. Notwithstanding that risk, I release, relieve and hold harmless First United Methodist Church of Fort Worth, Inc., its employees, members, and volunteers (including drivers) from any and all liabilities, including liability resulting from injury to person or damage to property, arising out of participation in a church-sponsored activity, including transportation provided by a church certified driver. I understand that I may be photographed, and that these photographs may be included in publications and web sites of First United Methodist Church of Fort Worth, Inc.

Medical Treatment Authorization: In the event of an emergency in which I cannot make medical decisions and that my listed contacts cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services. I understand that the Church will not be responsible for medical expenses incurred but those expenses will be my responsibility. I hereby release the Church, its staff and volunteers of any liability in the event of accident or injury. I agree to notify the Church in the event of any health changes which would restrict my participation in any activities. I also understand that the Youth Ministries staff reserve the right to restrict my participation in any activities that they do not feel is within my physical capabilities.

I have read and agree to these terms, and give my permission and consent. **Date:** _____

Signature: _____ **Print Name:** _____