

In case of emergency, please contact:

First Contact Name _____ Relationship _____

Home Telephone _____ Cell Phone _____

Second Contact Name _____ Relationship _____

Home Telephone _____ Cell Phone _____

Doctor's Name _____ Telephone _____

Insurance Provider _____ Policy # _____

Insured's Name _____

Insurance Provider _____ Policy # _____

Insured's Name _____

AUTHORIZATION FOR MEDICAL TREATMENT AND RELEASE/INDEMNITY

On behalf of myself, I, the undersigned, hereby acknowledge that I am voluntarily participating in the _____ (the "Event") and other church activities, and I authorize the West Los Angeles United Methodist Church ("Group") and its designated personnel and/or representative/s accompanying me and/or in attendance ("Group Personnel") to exercise his/her/joint or individual discretion and judgment in supervising myself while I participate in the official and sanctioned activities of the Group during the Event and in making such decisions as are necessary or appropriate to carry on such activities for the benefit and enjoyment of all Group participants, including myself.

Should such Group Personnel be unable to reach the contact person/s identified above at the number/s provided to authorize immediate aid to myself, then the Group Personnel is/are hereby authorized to make decisions of an emergency nature in the event of any actual or imminent risk of injury or peril concerning myself, and pertaining to my medical care or treatment during such Event activities or while in or about the facilities or areas controlled or being used by the Group.

Specifically, and without limitation, if the Contact Person/s is/are so unreachable, then the Group Personnel is/are hereby authorized to call an ambulance, paramedics, fire department or other medical-delivery service and/or to consult with my personal physician/s identified above, or if unreachable under the circumstances, any other doctor, nurse, EMT, hospital and/or other health-care provider, wherever and whenever I may suffer or have suffered such injuries or become subject to such threat of injury or peril to my person during such Event activities or about such Event facilities/areas.

I further agree to be fully responsible, to the exclusion of, and to indemnify and reimburse fully, to the Group, Group Personnel and its/their respective directors, officers, employees, personal representative, heirs, successors and assignees (together, the "Releasees"), as to any and all damages, injuries, fees and expenses incurred in any of the foregoing matters. I further agree not to sue, and irrevocably, unconditionally and entirely release, and hold the Releasees harmless from any and all claims, actions, liabilities, judgments, demands and obligations of any kind, in law or equity, whether known or unknown, that I ever had, now have or in the future may have against the Releasees in connection with any personal injury, death or property damage that I may sustain or incur, arising out of my participation in the Event. The foregoing release will be binding on me, my heirs, legal representatives, successors and assigns.

Printed Name _____

Signed Name _____

Date _____