

KUMC LIABILITY RELEASE AND HOLD HARMLESS (ADULT- 18 AND OVER)

STATE OF TEXAS §
COUNTY OF HARRIS §

I, _____ make this Liability Release and Hold Harmless Agreement in anticipation of my participation in the activities of Klein United Methodist Church (“KUMC”), during the time period between September 1, 2009 and August 31, 2010.

It is my expectation that I will be participating in activities of KUMC which may occur on or off the KUMC premises, including transportation to and from off premises activities (“KUMC Activities”). In consideration of my participation in KUMC Activities, I hereby agree as follows:

RELEASE AND HOLD HARMLESS RELATED TO PARTICIPATION: I release, indemnify, defend, and forever discharge and hold harmless (“Release”) KUMC, its clergy, staff, employees, sponsors, chaperones, volunteers, and committee members individually and in any representative capacity (referred to as “Released Parties” in this document) of and from any and all claims, demands, liability, suits, injuries (including death), attorney’s fees, expenses, costs, causes of action, judgments or awards of any kind or character (“Loss”) which may accrue because of, arise out of, or exist on account of my participation in KUMC Activities. I take full responsibility for any and all care, and release and hereby agree to defend and indemnify the Released Parties for any and all Loss. I understand and agree that this Release shall expressly include Loss due to the Released Parties’ negligence (whether sole, contributory, or in any other way in part) and gross negligence. It is my intent that this release and indemnity be as broad and comprehensive as possible as I do not desire that the Released Parties have any liability, directly to me or my spouse (if any) or indirectly to any medical provider arising out of any costs, bills, claims or damages due to participation in KUMC Activities.

This Release shall be valid beginning 9/1/09 and remains valid through the end of 8/31/10.

Signed on _____, 200__.

Name Signed

Name Printed

KUMC MEDICAL AND CONTACT INFORMATION FORM (ADULT – 18 AND OVER)

Please attach a copy of insurance and any prescription cards to this form

Name: _____ Sex: Male Female

Date of Birth ___/___/_____ Employer: _____

Home Address: _____

Home Phone: _____ Your Cell/Pager: _____

Work Phone: _____ email: _____

Spouse's Name: _____ Daytime phone: _____

Add'l Emergency Contact: _____ Phone: _____ Relation: _____

PCP/Doctor's Name: _____ Doctor's Phone: _____

Medical Insurance Co. _____ Member Name: _____

Member ID #: _____ Group #: _____

Medical Conditions:

Asthma? Yes No Activity Limitations: _____

Allergies (food, medicine, etc): _____

Medications currently taking: _____

Medical Conditions: _____

Is there any other medical or health care related info that Klein UMC should know about you?

Signed by: _____

Name Printed: _____ Date: _____