

**GLEN MAR UMC 2022 MISSION TRIP
PERMISSION AND MEDICAL RELEASE FORM**

Trip Sponsor: Glen Mar UMC **Destination:** Hurley, VA **Date of Trip:** 6/26/2022 - 7/2/2022 **Trip Leader:** S. Danaher

Name of participant: _____ Age: _____ Gender: _____

Name of parent(s)/guardian (if applicable): _____

Address: _____

Participant's Cell Phone: _____ Parent's Cell Phone (if applicable): _____

Participant's Email Address: _____

Emergency contact: _____ Relationship: _____

Emergency Phone: _____ Alternate phone: _____

MEDICAL HISTORY (Please mark all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Dietary Restrictions:
_____ | <input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Diabetes | <input type="checkbox"/> Back/Neck Injury
<input type="checkbox"/> Learning Disability | <input type="checkbox"/> Other Conditions or
Behavioral Concerns:

_____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Undergone surgery | |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Chronic/Recurring Illness | |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Past head Injury | <input type="checkbox"/> Mononucleosis (12 Mos.) | |

Does the participant have any FOOD allergies? Please List:

Does the participant have any allergies to any types of medications? Please List:

Has the participant ever sought professional help for mental/emotional issues? *If yes, please explain and/or Contact Trip Leader:*

Please indicate if the participant is currently taking any medication (or will be) during activities. Please list:

Date of Last Tetanus Shot: _____ Is participant covered by medical insurance? Yes No

Name of insurer: _____ Policy & group number: _____

PERMISSION RELEASE

I acknowledge that participation in the above trip involves risk to the individual listed above as the Participant (referred to as "Participant" throughout this document) (and to Participant's Parent, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease (including transmission of viruses like COVID-19), bodily injury, death, emotional injury, personal injury, property damage and financial damage. I give consent for photographs and/or videos, in which I or my child may appear, to be used in any way that the trip sponsor (collectively referred to hereinafter as "GMUMC") may care to use them.

In consideration for the opportunity to participate in the above trip, the Participant (or Parent) acknowledges and accepts the risks of injury associated with participation in the trip. The Participant (or Parent) accepts personal financial responsibility for any injury or other loss sustained during the trip or during transportation to and from the trip, as well as for any medical treatment rendered to the Participant that is authorized by GMUMC or its agents, employees, volunteers, or any other representatives. Further, the Participant (or Parent) releases and promises to indemnify, defend, and hold harmless the GMUMC and its agents, employees, volunteers, or any other representatives for any injury related directly or indirectly out of the above trip, whether such injury arises out of the negligence of the Trip Sponsor or otherwise.

In Case of Emergency, I understand that every effort will be made to contact my emergency contacts. If they cannot be reached, I hereby give GMUMC permission to act on my behalf in seeking emergency treatment for me or my child in the event that such treatment is deemed necessary by GMUMC. I give permission for those administering emergency treatment to do so.

By signing below I acknowledge and warrant that the information that I have provided on this form is true and correct to the best of my knowledge. I further agree to immediately notify the Activity Sponsor of any change in the information presented. I understand that this form is valid and legally binding until revoked in writing by the Participant (or the Participant's parent(s) or guardian(s) if the Participant is a minor).

Participant Signature

Parent/Guardian Signature

Date