



Youth Release Form 2025-2026

Please Fill Out and Return

FOOD/MEDICAL ALLERGIES: _____

STUDENT INFORMATION:

Name: _____ Male Female
Home Address: _____ City, St. Zip _____
Home Phone: (____)____-____ Cell Phone (____)____-____ DOB _____
Email Address: _____ School: _____ Grade: _____

PARENT/GUARDIAN INFORMATION:

Name: _____ Cell Phone (____)____-____
Name: _____ Cell Phone (____)____-____
Parent Email Address: _____

EMERGENCY CONTACT (NOT PARENT/GUARDIAN)

Name: _____ Cell Phone (____)____-____

MEDICAL INFORMATION:

Doctor Name: _____ Phone (____)____-____
Medication & Reason for All Medication Taken Regularly _____

Health Problems or Chronic Conditions _____

Last Tetanus Shot _____

A copy of the front and back of the medical insurance card must be provided with this form.

Please read and sign the release on the Back of this Form

RELEASE:

Effective immediately, I assume all risk and hazards and do by hereby release and agree to hold harmless First Methodist Church, San Angelo (the church) and its servants, volunteers, agents, and employees from all liability for personal injury or property damage for all actions taken in good faith during the church activities. In the event that I cannot be reached or cannot communicate in an emergency, I hereby give permission to the physician, hospital, or medical service selected by the leaders of the church to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child or myself as named above. It is understood that a conscientious effort will be made to communicate with me or the emergency contact listed before any action is taken. I accept responsibility for any and all expenses incurred from medical treatments provided. I have read this release and understand its terms and execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature : _____ **Date:** ____/____/____

PHOTO RELEASE:

I hereby grant permission to First Methodist Church, San Angelo to use my child's/children's photograph(s) on its website or in other official church printed publications with out further consideration. I acknowledge the church has the right to crop or treat the photograph(s) at its discretion. I also acknowledge that the church may choose not to use my photograph(s) at this time, but may do so at its own discretion at a later date, up to 10 years from the date the photograph was taken. I also understand that once my image is posted on the church's website, the image can be downloaded by any computer user anywhere in the world. Therefore, I agree to indemnify and hold harmless the church, its trustees, pastor, associate pastors, deacons, or its members and designers, the bishop-in-residence, or the Mid Texas Conference of the Global Methodist Church from any claims arising out of the use of my photograph(s).

I Agree

I Do NOT Agree

Parent/Guardian Signature: _____ **Date:** ____/____/____