

**St. Luke's United Methodist Church
AUTHORIZATION AND RELEASE FORM**

Today's Date: _____ *This form will be kept on file for one year from today's date.*

Name: _____ Sex: ___ Age: ___ Birthdate: _____

Address: _____ Zip: _____

Social Security #: _____

List ALL health restrictions (i.e. allergies, medications, limitations): _____

List ALL medications and times to be taken (please send in original containers): _____

Medical Insurance Co.: _____ Policy # and ID #: _____

EMERGENCY CONTACTS:

Name: _____ Relationship: _____

Address: _____ Day Phone: _____

Evening Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____ Day Phone: _____

Evening Phone: _____ Cell Phone: _____

**SAINT LUKE'S UMC CONSENT FOR USE OF
PHOTOGRAPHS FOR PRINT, VIDEO, OR WEBSITE MEDIA**

___ I consent to allow all pictures of myself or my minor child, _____, to be used for publicity and/or outreach materials for Saint Luke's United Methodist Church. I hereby indemnify and hold the above organization harmless against any and all claims or damages arising out of taking or use of any pictures of said person.

___ I DO NOT consent to the above use of photographs for print, video or website media.

Signature of Self or Parent/Guardian if under 18 years of age

Date

**AUTHORIZATION AND CONSENT TO TREATMENT
AND RELEASE OF LIABILITY**

I do hereby authorize adult workers from St. Luke's UMC of Memphis, agents for undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I/We have read and understand the above document. By signing this document we hereby release St. Luke's United Methodist Church of Memphis and any agent/representative acting on its behalf from any and all liability for personal injury or damage to property.

Signature of Self or Parent/Guardian if Minor

Date

Relationship to Minor

Name of Minor (if applicable)

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed above and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, 20_____

Notary Public

My commission expires: _____

A COPY OF INSURANCE CARD MUST BE ATTACHED TO THIS FORM.