

Simpsonwood United Methodist Church

Permission Slip/ Medical Release form for An **Adult**

I, _____, will be participating
(name of person attending)

in the _____
(name and/or location of event/activity)

on ___/___/___.

I give permission to a Simpsonwood United Methodist Church representative to seek medical assistance for me, in the event of an emergency and will not hold the church or any of their representatives or staff responsible for sickness, injury or death resulting from physical unfitness of me to participate in the activities described above. In case of medical emergency, I understand every effort will be made to contact the person listed below.

Pictures may be taken of the individual for use in publicity of Simpsonwood United Methodist Church. (*circle one*) yes no

Signature

Date

Home Phone _____ Cell phone _____

Name of person to contact in the event of a medical emergency:

Name: _____

Relation to me: _____

Phone: _____