

**RUMC YOUTH - HEALTH HISTORY AND EXAMINATION AND  
RELEASE OF LIABILITY FORM FOR CALENDAR YEAR 2026**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*(Street, City, State, Zip Code)*

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
*(Street, City, State, Zip Code)*

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
*(Street, City, State, Zip Code)*

In Emergency Notify \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
*(If Parent or Guardian cannot be located)*

**HEALTH HISTORY**

**Diseases and Allergies: Check those that apply; if yes, give full details. Attach additional sheet if necessary.**

- |                             |                |                           |
|-----------------------------|----------------|---------------------------|
| Frequent Ear Infections     | Chickenpox     | Hay Fever, etc.           |
| Frequent Colds/Sore Throats | Measles        | Poison Ivy/Oak/Sumac      |
| Sinusitis/Bronchitis        | Mumps          | Insect Stings             |
| Strep Throat                | German Measles | Penicillin                |
| Mononucleosis               | Whooping Cough | Aspirin                   |
| Heart Defect/Disease        | Tuberculosis   | Other                     |
| Epilepsy/Convulsions        | Polio          | Food                      |
| Bleeding/Clotting Disorders | Diabetes       | SUBJECT TO: Sleep Walking |
| Hypertension                | Asthma         | Fainting Bedwetting       |
| Stomach Problems            | Arthritis      | Nose bleeds               |

Other Diseases or Details of Above \_\_\_\_\_

Do you wear Contact Lenses? \_\_\_\_\_ Recent Illness or Exposure to Contagious Disease? \_\_\_\_\_

Operations or Serious Injuries (describe & give dates) \_\_\_\_\_

Are Immunizations up to date? \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

List any medication or drugs taken regularly (presently or recently): \_\_\_\_\_

Any specific activities to be restricted due to medical reasons: \_\_\_\_\_

**INSURANCE**

Name of Insured \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Subscriber ID/Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Preauthorization Phone # \_\_\_\_\_

Address of Insurance Co. \_\_\_\_\_  
*Street or Box City State Zip*

**PAGE 1 - (Be sure you have completed all 3 pages)**

**RELEASE OF LIABILITY**

**IMPORTANT – THE INFORMATION BELOW MUST BE COMPLETED FOR ATTENDANCE**

The Health History is correct so far as I know, and person herein described has permission to engage in all prescribed activities except as specifically noted herein.

**EMERGENCY AUTHORIZATION** – I hereby give permission to the medical personnel selected by Roswell United Methodist Church’s staff or church leaders to order X-rays, routine tests and treatment for my child that he or she may deem necessary. In the event of an emergency and I cannot be reached, I hereby give permission to the physician or other health care professional selected by the RUMC staff or church leaders to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named in this document. I further authorize the release of the listed medical information to appropriate medical personnel and/or the health coverage insurance company. I will pay for any medical expenses so incurred. I will notify the church if I feel there are any health considerations that would prevent my child’s participation in any activity. I also give my permission for RUMC staff or church leaders to restrict my child from participation in any activity, which they have any questions about for health or other reasons.

**EVENT PARTICIPATION** - As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by Roswell United Methodist Church for the calendar year as shown on page one.

**EVENT EXCLUSION** - As the parent (or legal guardian), I the undersigned, certify that my child, named above, SHOULD NOT participate in the following activities sponsored by Roswell United Methodist Church for the calendar year as shown on page one. If any, please list activity for exclusion \_\_\_\_\_

I have carefully read this release of liability and understand its contents. By signing this form, I certify that I have full legal authority to act on behalf of the minor child identified herein. I understand that this release is a contract and my signature binds me, the minor child, all successors and assignors, and all third parties to this release of liability for any injury to the child. By signing this form, I hereby release, waive, and forever discharge my right and the child’s right to file a claim, demand, or cause of action of any type against RUMC for any act or omission, including but not limited to negligence on the part of the church and its staff, representatives, or volunteers. I fully accept all risks, if any; this activity poses on behalf of the minor child. Further I will hold RUMC harmless and will indemnify RUMC for any cost (including litigation and/or legal fees) that may result from the minor child’s participation in RUMC Youth events.

\_\_\_\_\_  
Date \_\_\_\_\_

Signature of Parent/Guardian #1

\_\_\_\_\_  
Date \_\_\_\_\_

Signature of Parent/Guardian #2 (Optional)

**PHOTO RELEASE**

I grant permission to Roswell United Methodist Church (RUMC) to take and use photographs of me for use in church-related publications such as brochures and newsletters, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on the RUMC web sites or other electronic forms or media, and to offer them for use or distribution in publications outside RUMC, electronic or otherwise, without notifying me.

I understand that these photographs may be taken on-campus as well as off-campus events.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Roswell United Methodist Church and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. I understand that once images are published and/or distributed electronically the use or misuse of the images by third parties is completely beyond the control of RUMC.

**FOR ADULTS:** I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of guardian if under 18 years of age

**FOR Minors:** By signing this form I am acting on behalf of my minor child and have the legal authority to do so. I am also signing on behalf of myself, the parent.

\_\_\_\_\_  
Signature of Parent/Guardian #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian #2 (Optional)

\_\_\_\_\_  
Date