

EMERGENCY INFORMATION AND CONSENT/RELEASE FORM

Please read and complete all sections of the following form. Do not forget to circle a response under the section entitled, "Consent for Use of Photographs or Video." THIS FORM INCLUDES A RELEASE OF LIABILITY as well as a release of your image for use in publication. Once you have completed, read and understood all sections, please sign the form.

Participant Name: _____ Date of Birth: _____
Address: _____
City/State/Zip: _____

Emergency Contact Person #1: _____
Phone: _____ Alternative Phone: _____
Address: _____
City/State/Zip: _____
Relationship to you: _____

Emergency Contact Person #2: _____
Phone: _____ Alternative Phone: _____
Address: _____
City/State/Zip: _____
Relationship to you: _____

I consider myself healthy enough to participate in the various programs of the Missouri Annual Conference of the United Methodist Church. Yes: ___ No: ___

Please check all that apply and explain below:

___ Allergies ___ Diabetes ___ Seizures ___ Medications ___ Heart Disease ___ Lung Disease
___ Physical Limitations ___ Other (explain)

Photo Consent

Please note that there will be photos taken at Sharefest 2020 events. These photos may be used in future materials for the Missouri Annual Conference of the United Methodist Church. By registering for this event I acknowledge that my photo may be taken and used by the Missouri Annual Conference of the United Methodist Church in future materials. I acknowledge the above statement. Initial here: _____

Release of Liability

By signing this Consent/Release Form, I acknowledge that ministries, programs and activities (the "Programs") conducted by the Missouri Annual Conference of the United Methodist Church, a Missouri nonprofit corporation, together with any affiliated organizations (collectively, the "Church"), involve a certain amount of risk to individuals participating. Activities in which I am voluntarily participating may include strenuous or moderately strenuous physical activities including, but not limited to lifting, cleaning, and manual labor. *These activities may also include the risk of infection from certain transmissible illnesses, including without limitation the novel coronavirus responsible for COVID-19.* With this information, I acknowledge and consent to my participation in the Sharefests Programs to be conducted between _____, 20__ and _____, 20__.

Acknowledging the activities involved, **I hereby release and hold harmless the Church, its agencies, related organizations, employees, directors, counselors, leadership, volunteers and members from any and all liability that may arise as a result of my participation in the Programs** except in the case of gross negligence or intentional misconduct.

Signature: _____ Date: _____