

EXHIBIT G

PINEVILLE UNITED METHODIST CHURCH
Medical History and Release

YOUTH NAME _____ Birthdate _____ Sex _____ Age _____

Parent/Legal Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Address _____

If not available in an emergency, notify:

Name _____ Relationship to Youth _____

Address _____ Phone _____

Name _____ Relationship to Youth _____

Address _____ Phone _____

Insurance Information

Name of Medical Insurance Company _____ Policy Number _____

Name of Dental Insurance Company _____ Policy Number _____

Name under which insurance is covered _____

Place of employment under which insurance is covered _____

Health History

Medications and dosages _____

Activity restrictions? _____

Operations or serious injuries and dates _____

Chronic or recurring illnesses _____

Allergies _____

Special diet needs _____

Release

I, _____ am the parent or legal guardian of _____ (hereinafter "my child").

I hereby consent for my child to attend and participate in all activities, including riding on the church van or church approved vehicle, provided by Pineville United Methodist Church. I hereby authorize Pineville United Methodist Church adult leaders to act on my behalf having the legal authority to secure medical or dental treatment and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

I hereby voluntarily and absolutely release any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death occurring to my child while engaging in or receiving instructions in any activities provided by Pineville United Methodist Church. I will indemnify and hold harmless Pineville United Methodist Church and its officers, agents, employees or volunteers from any and all claims for personal injuries, property damage or wrongful death.

Parent/Guardian Signature _____ Date _____