



# 2017-2018 Adult Information/ Medical Release Form

**MEDICAL INFORMATION**

Family Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medications:  
 \_\_\_\_\_  
 \_\_\_\_\_

Allergies:  
 \_\_\_\_\_  
 \_\_\_\_\_

Other Special Health Concerns:  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of last tetanus shot:  
 \_\_\_/\_\_\_/\_\_\_

**ADULT CONTACT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Mailing Address: \_\_\_\_\_  
 (address) (city) (zip)

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFO**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
 (address) (city) (zip)

**LIABILITY AND INDEMNITY RELEASE**

Background: The undersigned will be participating, together with other youth of SHOUT in any or all off-site or on-site events or trips. The undersigned wishes to absolve Hempfield UMC, SHOUT Youth Ministry and chaperones from any liability arising from his/her participation.

**INSURANCE INFORMATION**

Do you have health Insurance?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company:  
 \_\_\_\_\_

Policy Number:  
 \_\_\_\_\_

Group Number:  
 \_\_\_\_\_

In whose name is the Insurance?  
 \_\_\_\_\_

**WITNESSETH**

*Intending to be legally bound for one year (365 days) from the date listed below, I hereby:*

- 1) Acknowledge my understanding that there is a risk of injury, illness, or other unexpected events that may affect me while I am at any event with Hempfield Methodist Church. I further acknowledge that there is a risk that quality medical care might be unavailable at any event or trip with Hempfield UMC.
- 2) Agree that I am assuming risk of any injury, illness, or other events affecting myself while at ant Hempfield UMC trip or event.
- 3) Release Hempfield UMC, its directors, employees, and all persons acting as agents for Hempfield United Methodist Church (the "Released Parties") from any liability for any damages, injury, illness, or other events which may result from my participation in the trip or event.
- 4) Agree that I will not under any circumstances begin a suit against any of the Released Parties, and agree to defend and hold harmless the Released Parties against any loss, damage, or claim which the Released Parties may incur or which may be asserted against the Released Parties by myself or anyone else, as a result of my participation in any trip or event.
- 5) Agree that Hempfield UMC, SHOUT and its representatives may use my image, like-ness and representation to promote, report and advertise.

**I have read the above and I am fully aware of all that us expected and required of me as I participate with SHOUT Youth Ministry, and Hempfield UMC. I hereby agree that this form is valid one year (365 days) from the date indicated below:**

\_\_\_\_\_  
 Parent/Guardian Name (printed) Date

\_\_\_\_\_  
 Parent/Guardian Signature