



2019-2020 Adult Information/ Medical Release Form

MEDICAL INFORMATION

Family Physician: _____

Phone Number: _____

Medications:

(medications must be kept in original container with label intact)

Allergies:

Other Special Health Concerns:

Date of last tetanus shot:

INSURANCE INFORMATION

Do you have health insurance?

Yes _____ No _____

Insurance Company:

Policy Number:

Group Number:

In whose name is the insurance?

ADULT CONTACT INFORMATION

Name: _____ Date of Birth: ___ / ___ / ___

Mailing Address: _____
(address) (city) (zip)

Email: _____ Cell Number: _____

Home Phone _____

EMERGENCY CONTACT INFORMATION

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 and SHOUT Youth Ministry and chaperones from any liability arising from his/her participation.

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 risk of injury, illness, or other unexpected event affecting me while I am at any event with Hempfield UMC. I further acknowledge that there is risk that quality medical care might be unavailable at any event or trip with Hempfield UMC.
- 2) Agree that I am assuming the risk of any injury, illness, or other events affecting myself while at any Hempfield UMC event or trip.
- 3) Release Hempfield UMC, its directors, employees and all persons acting as agents for Hempfield UMC (the "Released Parties") from any liability for any damages, injury, illness, or other events which may result from my participation in any 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 the 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 statement and am fully aware of all that is 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

Name (printed)

Signature

Date