



ADULT MEDICAL RELEASE

ADULT MEDICAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____

(address)

(city)

(zip)

Home Phone: _____ Work: _____ Cell: _____

E-mail: _____

Emergency Contact Person: _____ Relationship: _____

Emergency Contact Phone Numbers: _____

Family Physician: _____ Phone: _____

Health Insurance (company and number): _____

List any medications taken: _____

List known allergies (medicine, food, other): _____

Special health problems: _____

ADULT RELEASE OF LIABILITY AND INDEMNITY

Background: The undersigned will be participating 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, 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 United 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 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 United Methodist Church (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 my participation in any trip or event.

Date: _____

Printed Name

Signature