Adult Medical 2017 – 2018
Information & Release Form

Name (Last) _____ (First) _____ (M.I.) _____
Sex _____ Birthday _____ Age _____ Phone _____
Home Address _____
City _____ State _____ Zip _____
E-mail _____

In an emergency, notify:
1. Name _____ Phone _____
Street Address _____
City _____ State _____ Zip _____
E-mail _____

2. Name _____ Phone _____
Street Address _____
City _____ State _____ Zip _____
E-mail _____

Do you have any allergies, dietary restrictions, medical or health problems that would affect your participation in any activities? ( ) No ( ) Yes – Please Describe: _____

List any medications being taken: _____

Name, address and phone of your physician and any other physician who should be consulted in the event of emergency or medical problems involving you: _____

Name of Insurance Co _____
Address _____
Name of Primary Policy Holder _____ Policy Number _____
Phone No. of Insurance Company _____

The undersigned desires to attend and/or participate in certain ministries, events, programs, functions, and activities (hereinafter referred to as "Activity"), sponsored by, connected with, or related to Trinity Baptist Church (hereinafter referred to as "Church").

I understand and acknowledge that the Church will permit me to participate based on my promise to hold the Church harmless from liability arising out of my attendance and/or participation in the Activity listed above. I have investigated—or will do so—all risks involved with my attendance and/or participation in all Activities. Furthermore, I accept—on behalf of myself, my heirs, successors and/or assigns—any and all risks of personal or bodily injury to me or property damages associated with said Activity.

By signing this document, I hereby release and forever discharge the Church, its pastors, officers, directors and employees, agents and any parties volunteering on behalf of the Church from all claims, damages, costs or expenses of any kind arising out of or related to my attendance or participation in Church Activities. I understand that this document is a full and complete release of all claims for personal or bodily injury and property damage which I might sustain as the results of my attendance and/or participation in any Church Activity, regardless of the specific cause thereof. I further understand and agree that in the event of such personal or bodily injury to me, or property damage, that I will not seek any type of recovery from, or bring any type of action whatsoever against, the Church or its pastors, officers, directors, employees, or agents.

I understand that, in the event I require medical or dental treatment while engaged in activities with Trinity Baptist Church, I hereby consent and give permission to the Church or any person acting on behalf of the Church with respect to the activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my medical allergies, medical information and pertinent information.

Signature _____ Date _____

Print Full Name _____

Please have this form either:
1) notarized, or 2) witnessed by <u>two</u> (2)
individuals over the age of 18.

Notary _____ Date _____

( ) Personally known by me ( ) Identification Presented _____

Witness Signature _____ Date _____

Print Full Name _____

Address _____

Witness Signature _____ Date _____

Print Full Name _____

Address _____