



Hearts Turning to God and Neighbor

## Information and Release Form

(for adults age 18 and up)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Cell \_\_\_\_\_ Other Phone \_\_\_\_\_

In case of emergency, contact the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Cell \_\_\_\_\_ Other Phone \_\_\_\_\_

If unable to contact the above, contact the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Cell \_\_\_\_\_ Other Phone \_\_\_\_\_

Known food or medicinal allergies \_\_\_\_\_

Significant medical history \_\_\_\_\_

\_\_\_\_\_

Current medications \_\_\_\_\_

Health insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Name of policy holder \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

(continued on reverse side)

## Authorization and Release (Adult)

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(trip participant) (another adult on the trip)

if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which he/she practices, during the duration of the trip identified below.

1. **I HEREBY RELEASE AND FOREVER DISCHARGE THE CHURCH AND ALL OF ITS REPRESENTATIVES, AGENTS, ATTORNEYS, PRINCIPALS, EMPLOYEES, OFFICERS, DIRECTORS, PARTNERS, VOLUNTEERS, PARENTS, SUBSIDIARIES, AFFILIATES, SUCCESSORS, HEIRS AND ASSIGNS (The "Church") FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, LIABILITIES, SUITS, DEBTS, CLAIMS OR DEMANDS FOR ANY LOSS ARISING FROM MY PARTICIPATION IN A FUNCTION; and,**
2. **ON BEHALF OF MYSELF AND ANY OF MY REPRESENTATIVES, AGENTS, ATTORNEYS, PRINCIPALS, EMPLOYEES, OFFICERS, DIRECTORS, PARTNERS, VOLUNTEERS, PARENTS, SUBSIDIARIES, AFFILIATES, SUCCESSORS, HEIRS AND ASSIGNS, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE CHURCH FROM ALL CLAIMS AND CAUSES OF ACTION ARISING FROM MY PARTICIPATION IN A FUNCTION; and,**
3. I will be responsible to pay for any medical costs incurred on the trip identified below. It is my sole responsibility to seek coverage from my own insurer, if any, and I remain responsible for such costs regardless of insurance coverage or denial.
4. All terms of the authorization and release remain in place until revoked in writing or superceded by a subsequent authorization and release.

Trip: \_\_\_\_\_

Dates: \_\_\_\_\_

\_\_\_\_\_  
Signature

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed above and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

STATE OF TEXAS

\_\_\_\_\_  
Notary Public in and for

\_\_\_\_\_ County, TX

My Commission expires \_\_\_\_\_