



Connecting God's Family by Knowing, Loving and Serving
so that the world might experience Christ's Love!

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 _____

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.

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 _____