

Adult Medical Release

Pine Forest United Methodist Church
400 Woods Avenue
Dublin, Georgia 31021



Please complete all highlighted areas below:

Name: _____ Date of Birth _____

Address: _____
Street City/State Zip Code

Cell Phone: _____ Email: _____

Emergency Contact Person: _____ Relationship _____

Emergency Contact Phone: (Work) _____ (Cell) _____

Family Physician Name: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

Health Insurance (list here and attach copy of front/back of your card) _____

Rx Medications taken: _____

Any known allergies (food, medicine, etc) _____

Chronic or Special Health Problems: _____

Release of Liability and Indemnity: The undersigned will be participating in any or all off-site events or trips. The undersigned wishes to absolve Pine Forest United Methodist Church, any staff and chaperones from any liability arising from his/her participation.

WITNESS

Intending to be legally bound, I hereby:

- ❖ Acknowledge my understanding that if there is a risk of injury, illness or other unexpected event that affects me while I am at any event with Pine Forest UMC. I further acknowledge that there is a risk that quality medical care may be unavailable at potential events or trips that I may participate on.
- ❖ I will set the **highest example of Christ-like behavior** and avoid even the appearance of using inappropriate behavior, consumption of alcohol or non-prescription medications.
- ❖ Agree that I am assuming the risk of any injury, illness, or other events affecting myself while at any Pine Forest UMC event or trip.
- ❖ Release Pine Forest UMC, its directors, employees, and all persons acting as agents for Pine Forest United Methodist Church from any liability for any damages, injury, illness, or other events which may result from my participation in any event or trip.
- ❖ Agree that I will not under any circumstances begin a suit against Pine Forest or any of their agents; I will defend and hold harmless Pine Forest against any loss, damage or claim which Pine Forest may incur or which may be asserted against Pine Forest by myself or anyone else, as a direct result of my participation in any trip or event.

Printed Name

Signature

Date