

# **Adult Medical 2017 – 2018 Information & Release Form**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
Sex \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
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 two (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 \_\_\_\_\_