

MEDICAL INFORMATION AND RELEASE

Medical Insurance Provider: _____ Phone number: _____
Policy Number: _____ Group Number: _____
Name of Policy Holder: _____

Current Physician: _____ Phone number: _____
Emergency Contact: _____ Relationship: _____
Cell phone: _____ Home Phone: _____

Please indicate any medical conditions:

Physical Limitations:

List any medications (prescription or OTC) that you take on a regular basis:

List of Allergies:

Any Food/Diet Restrictions or Allergies:

Blood Type: _____ Date of Last Tetanus: _____

In any case of emergency, I give permission to a licensed physician to treat, hospitalize or anesthetize me, or perform surgery on me. I understand that every effort will be made to inform my family and/or emergency contact on my behalf before these actions are taken.

Printed Name: _____

Participant Signature: _____ Date: _____

(If the participant is less than 18 years old)

Legal Guardian Signature: _____ Date: _____

Relationship to Participant: _____

CONSENT TO HOLD HARMLESS

Name of Activity: _____ Date: _____

Participant's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

Phone number: (home) _____ (cell) _____

I, _____, have been informed of the above activity sponsored by Harborside Christian Church and hereby acknowledge there may be certain risks associated with participation in this activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Harborside Christian Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by me.

Signature: _____ Date: _____

Print name: _____