

**HOLY TRINITY LUTHERAN CHURCH ADULT WAIVER & MEDICAL RELEASE**

Waiver and Medical Release

I, \_\_\_\_\_, will not hold Holy Trinity Lutheran Church, church employees, the leaders, and/or drivers of the church vehicles or other transportation liable for injury, illness, or mishap occurring as a result of scheduled activities. In the event of an emergency, accident, or illness I would like my emergency contact contacted as soon as possible. IN THE EVENT OF A MEDICAL EMERGENCY, I GIVE HOLY TRINITY LUTHERAN CHURCH OR THEIR REPRESENTATIVE AUTHORIZATION TO PROVIDE MEDICAL CARE FOR ME.

Photo/Images Waiver

I provide consent for photos and images taken of me to be used for church publicity purposes, possibly including in the church, in print and online.

Signature: \_\_\_\_\_

Information

**Photocopy your insurance card onto the back of this form.**

Full Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Ongoing health concerns, including ongoing medications and allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Hospital: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_