

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: _____