

SEPT, 2010 – AUG, 2011 ADULT MEDICAL WAIVER & RELEASE OF LIABILITY FORM

INSTRUCTIONS: ONE ADULT PER FORM. Please type or print legibly in **DARK INK**. Underline the name you normally go by, don't leave anything blank! We cannot assume that a blank space means "none," so if your answer is "none" or "not applicable," please write in "none" or "NA." Forms with missing information will be returned to you.

Name (Last) _____ (First) _____ Sex (M/F) _____

If you are enrolled in college, college level IN FALL 2010 _____

Address _____ Birthdate ____ / ____ / ____ Age Now _____

City _____ State _____ Zip _____ Home Phone (Area Code) (____) _____

Email address _____

Occupation _____ Employer _____ City _____

Family Doctor _____ Phone (Area Code) (____) _____

In case of accident or special health needs, it will be necessary for us to have this information – even for adults! **DO NOT LEAVE ANY SPACES BLANK** – See "INSTRUCTIONS" above. A copy of your insurance card may also be attached.

Person to notify in Event of Emergency _____ His/Her/Their relationship to you _____
 Cell#/Pager# _____ Daytime Phone # (____) _____ Evening Phone# (____) _____

Health Information: Do you have or have you had
 Recent Serious Injury yes no
 Recent Surgery yes no
 Allergies to Medications yes no
 Chronic Medical Condition
 (Allergies? Asthma? ADD?) yes no
 Other Health Concerns? yes no
If Yes to any of above, please describe:

Medications you take occasionally or on a regular basis (for asthma, allergies, headaches, etc.)

 Will you be bringing these or any other medications with you?
 yes no
 Date of last Tetanus Shot _____
 Your Social Security Number: _____

Medical Insurance Co. _____
 Plan or Group# _____
 Insured ID or Mbr.# _____
 Insurance Co Ph# _____
 (____) _____
 Ins. Co. Address _____

A Copy of insurance card may also be attached.

IMPORTANT!

**ADULT MEDICAL AND SURGICAL WAIVER
& RELEASE OF LIABILITY**
 Must be signed by Adult Participant.

I, _____, am 18 years of age or older and have listed all physical defects or medical conditions that may need attention. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to Westoak Woods Baptist Church, or its representatives, or the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon myself which may, in their sole discretion, be necessary and proper under the circumstances. I do hereby release, acquit, discharge, and covenant to hold harmless Westoak Woods Baptist Church, or its representatives, sponsors, or the camps/hotels/campuses where the events are being conducted, from any and all actions, damages, or liabilities arising out of the treatment of any sickness or accident incurred by myself.

Furthermore, in consideration of the participation by the undersigned in mission projects or any activity sponsored by Westoak Woods Baptist Church and other good and valuable considerations, the undersigned does hereby release, discharge and save harmless Westoak Woods Baptist Church, its directors, officers, members, administrators, employees, team leaders and/or team members from any and all liability, claims, demands or actions which may occur as a result, directly or indirectly, while participating in any of said mission projects or activities, or participating in any and all types of activities, while in any country, or while traveling to and from said countries, to and from mission project sites, or any other traveling by the undersigned from departure from any airport in the United States until the time of return to any airport in the United States by any mode of transportation.

Signature of Adult Participant _____ Date _____