

Sandhills Presbyterian Church

'09-'10 Medical Release Form

Personal Information:

Name: _____
Address: _____
City: _____
Telephone: _____

Your Church: _____
Date of Birth: _____
SS Number: _____ - _____ - _____
2nd Telephone: _____

Medical Information:

Check the appropriate blank if you have ever had any of the following:

___ 1. Allergies (including drugs)

___ 6. Epilepsy

___ 8. Heart Trouble

___ 10. Operation in the last year

___ 13. Respiratory Problems

___ 2. Asthma

___ 3. Bee/Wasp Reaction

___ 4. Diabetes

___ 5. Dizziness or Fainting

___ 7. Hay Fever

___ 9. High Blood Pressure

___ 11. Physical Handicap

___ 12. Regular Medication

*****Date of last Tetanus Shot: _____

IN AN EMERGENCY CONTACT:

Name: _____
Home Phone: _____
Relationship: _____
Policy Number: _____
Specialist: _____

Address: _____
Work Phone: _____
Insurance Company: _____
Family Physician: _____
Dr. Work Number: _____

LIABILITY WAIVER AND RELEASE:

In consideration of being allowed to participate in the ministries sponsored by Sandhills Presbyterian Church of Southern Pines, North Carolina, and in consideration of the benefits to be derived therefrom, I hereby release Sandhills Presbyterian Church of Southern Pines and its present and former employees, trustees, officers, members, agents and their heirs, administrators, executors, successors, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation or the participation of any member of my family including my spouse or minor child, in the ministries of this church.

I recognize that the conditions of some of the places to which my spouse, my child or I will travel are not to the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks to personnel and property, and I enter into participation in these ministries and agree to the participation of my spouse, my minor child, or myself with knowledge of those risks. If for any reason I or my spouse or my minor child is unable to complete the planned stay at the project, I assume full responsibility for expenses incurred for my or my spouse's or my child's return home.

In the event of emergency, I hereby authorize a leader of each activity, as an agent for me or my spouse or my child to authorize: any x-ray examination, medical, dental or surgical diagnosis, treatments; hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my family to be contacted as soon as possible.

I certify that I am of lawful age and competent to sign this Release, and have done so voluntarily.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my participation in the trip.

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof, which result from the matters herein before referred to as well as those now disclosed and known to exist. The provisions of any state, federal, local, territorial law or statute providing in substance, that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time, are hereby expressly waived by me.

Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through the mediation of the Elders and Deacons of Sandhills Presbyterian Church, Central Carolina Presbyters, or the Presbyterian Church in America.

Signed: _____

Signed: _____

A COPY OF THIS DOCUMENT IS SUFFICIENT TO CARRY THE FULL AUTHORITY OF THE ORIGINAL

Medical Release:

I certify that all provided information is correct and that I have read the Liability Waiver and Release portion of this document. In an emergency, I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery as needed. I understand that every reasonable effort will be made to contact my family before these actions are taken.

Signed: _____

Date: _____

Witness of a Notary:

State of: _____ County of : _____

Sworn to and subscribed before me this _____ day of _____, _____.

Signed: _____

My commission expires: _____