

Eden Church - 2022 - Montana Mission Trip

PARTICIPANT MEDICAL RELEASE FORM

Name of Participant _____ Date of Birth _____

Address _____ City _____ State _____ ZIP _____

PERMISSION

I do hereby verify that the below information is correct, and I do hereby grant permission for the ¹ church to obtain medical attention in case of sickness or injury.

- I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the church for my welfare should I be unable to make reasonable and sound decisions for myself.
- I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church, the organizers, sponsors, and supervisors from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage while participating on this trip.
- I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to me, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting me to and from the activities.
- I agree to provide medical insurance.

_____/_____
Signature of Participant Date

MEDICAL AND INSURANCE INFORMATION

Family Insurance _____ Policy # _____

Family Physician _____ Phone # _____

Please list any health conditions below that we would need to be aware of:

EMERGENCY NOTIFICATION

Mother's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Father's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email Address