

# ADULT RELEASE FORM



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

First & Last Name: \_\_\_\_\_

Sex:  Male  Female Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Type:  Mobile  Landline

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Mobile #: \_\_\_\_\_ ) \_\_\_\_\_

## MEDICAL INFORMATION

Restrictions/Allergies: \_\_\_\_\_ Last Tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medications: \_\_\_\_\_ Polio Vaccination:  Yes  No

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

Physician's Name: \_\_\_\_\_ Physician's #: ( ) \_\_\_\_\_

## PARENTAL CONSENT

I hereby give permission to participate in the scheduled event activities and consent and agree to hold harmless the Assemblies of God, Northern California and Nevada District Resource Center, its agents, employees, or volunteer assistants from claims that I might have arising out of my participation in this program. I understand the meaning "hold harmless" and signed below indicating my agreement to do the same.

**If it should become necessary for my child to receive medical treatment for any reason, I understand that the Assemblies of God/Northern California and Nevada District Resource Center's medical insurance policy acts in a primary position ONLY when the participant is not already covered by insurance. Consequently, I agree to submit all claims first to my insurance company and then to the insurance for the Assemblies of God/Northern California and Nevada District Resource Center.**

I also accept full responsibility for the cost of medical treatment for any injury not covered by insurance. In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my health, and it is not advisable to take the time to contact me in advance. I waive my right to informed consent for each treatment.

Moreover, I understand that temporary, emergency measures may be necessary to safeguard my health and do hereby authorize and request the Assemblies of God/Northern California and Nevada District Resource Center personnel to administer or supervise until such time as I can be safely transported to a doctor or hospital.

Photography and video recording will take place at this event as part of the event records and for future event promotions. By signing below, I give consent for the Assemblies of God to use any photos or video that includes me for its publications, promotions, and records.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date