

Please return this form to your team leader.

Waiver of Liability Medical Information/Consent and Insurance Form (for adult participants)

Personal Information: *(please print clearly in ink)*

Name _____ Age _____

Home Address _____ Gender _____

_____ Social Security # _____

Home Phone () _____ Date of Birth _____

Spouse's name _____ Social Security # _____

Your place of Employment _____ Email _____

Work Address _____ Work Phone () _____

_____ Other Phone () _____

Emergency Contact Person _____ Phone () _____

Name of Group/Church _____ City, State _____

Medical Information:

Name of Physician _____ Phone () _____

Please list all known allergies, medical conditions, and important medical histories of which the Hinton Rural Life Center and/or qualified medical personnel should be aware. Also list all medications that you are presently taking. Be sure that you have all necessary medications with you before leaving home.

- Last Tetanus Shot: (check one) within this year 1-5 years 5 -10 years unknown

Permission:

- In case of a medical emergency, and I am unable to designate my own treatment, I hereby give permission to other adults traveling with me or the Hinton Center to select a physician, to hospitalize, to secure and consent for proper treatment, and to order injection, anesthesia, and/or surgery for me. I also understand that every effort will be made to reach my emergency contact person listed above.
- I give permission for photographs and/or video footage of me to be used by Hinton Center for promotional purposes.

Signature of Participant _____ Date _____

Waiver: I am attending the mission trip to the Hinton Rural Life Center in Hayesville, NC, and other side trips, understanding that there is a certain degree of risk and possible injury in a mission trip. I release from any liability Hinton Rural Life Center and its Staff and agents, the group _____, and all adults traveling with me in the event of an accident en route, during, or returning from the Hinton Center activities, both work and recreationally related.

Signature of Participant _____ Date _____

Insurance Information:

Company Name _____

Policy Holder _____ Policy Number _____

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List any secondary insurance coverage _____