

Please return this form to your team leader.

Waiver of Liability Permission and Medical Release/Insurance Form (for youth under 18 years of age)

Personal Information: (please print clearly in ink)

Name _____ Age _____

Home Address _____ Gender _____

_____ Social Security # _____

Home Phone () _____ Date of Birth _____

Parent/Guardian's Name _____ Social Security # _____

Parent/Guardian's Place of Employment _____

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 the youth is presently taking. Be sure that the youth has all necessary medications with them before leaving home.

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

Permission: My son/daughter, _____ has permission to attend the mission trip to the Hinton Rural Life Center in Hayesville, NC, and other side trips. In case of a medical emergency, I understand that every effort will be made to contact parents/guardians of the above named youth. In the event that I or the emergency contact person listed above cannot be reached, I hereby give permission to the youth leader(s), _____, and/or the Hinton Staff to select a physician, to hospitalize, to secure and consent to proper treatment, and to order injection, anesthesia, and/or surgery for my child. I give permission for Hinton Center and its designees to transport my child in a vehicle as required for full participation in the program and/or for health and safety. I give permission for photographs and /or video footage of my child to be used by Hinton Center for promotional purposes.

Signature of Parent/Guardian _____ Date _____

Waiver: I understand that there is a certain degree of risk and possible injury in a mission trip. I release from any and all liability Hinton Rural Life Center, its Staff and agents, the group _____, and all adults in the event of an accident en route, during, or returning from the Hinton Center activities, both work and recreationally related.

Signature of Parent/Guardian _____ Date _____

Insurance Information:

Please return this form to your team leader.

Company Name _____

Policy Holder _____ Policy Number _____

List any secondary insurance coverage _____