

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 _____ Date _____

Home Address _____ Date of Birth _____

_____ Social Security # _____

Home Phone () _____ E-mail _____

Spouse's name _____ Social Security # _____

Your 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 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 _____

List any secondary insurance coverage _____

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