

The Dunes Student Ministries
Emergency Medical Release & Liability Waiver

Name _____ Birthdate _____
Address _____ City _____
State _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (_____) _____ Bus Phone (_____) _____

Cell Phone (_____) _____

Mother's Name _____ Home Phone (_____) _____ Bus Phone (_____) _____

Cell Phone (_____) _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone (_____) _____ Bus Phone (_____) _____

Cell Phone (_____) _____

Name _____ Home Phone (_____) _____ Bus Phone (_____) _____

Cell Phone (_____) _____

Allergies _____

Other Medical Conditions _____

Special Instructions _____

Physician _____ Home Phone (_____) _____ Bus Phone (_____) _____

Medical/Hospital Insurance Company _____ Phone (_____) _____

Policy Holder's Name _____

Policy Number (and/or Group Plan number) _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned (if participant is 18 years of age or older) or parent/guardian of the above listed minor participant acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death. I assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, and hereby release, discharge, covenant to indemnify and not to sue Heartland Christian Fellowship, its affiliated organizations and sponsors, employees and associated personnel, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation on the trip and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize.

I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner.

Parent/Guardian Signature _____ Date _____

(Parent/Guardian's Signature is required if participant is under the age of 18)

Student Signature _____ Date _____

(Participant's Signature is required if participant is 18 years of age or older)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.

Please attach insurance card here.