

2020-21 Medical/Hold Harmless Form

ADULTS (AGE 18 AND OVER)



Expires 06/01/2021 • A copy of this release may be used as if it were an original

PARTICIPANT INFORMATION:

Name _____

Date of Birth _____ Age _____

Gender: Male / Female

Address _____

City, State ZIP _____

Email _____

Home Phone _____

Cell Phone _____

Work Phone _____

Employer _____

Emergency Contact Person _____

Emergency Contact Phone _____

In the event that I am unable to speak and require medical treatment, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia or emergency surgery for my well being.

Signature _____

Date _____

A COPY OF YOUR INSURANCE CARD MAY BE SUBMITTED IN LIEU OF COMPLETING THIS SECTION:

Insurance Company _____

Group Name _____

Insured's Name _____

Insured's Date of Birth _____

Member ID _____

Group Number _____

Insurance Company Phone _____

HEALTH INFORMATION:

Please list any allergies, medications being taken, medical conditions, or other important health information we should know:

May we give you Tylenol or Benadryl as needed? Yes / No

Date of last tetanus shot _____

RELEASE STATEMENT:

I acknowledge that I will be participating in an activity sponsored by Fairhaven Church located at 637 E Whipp Rd., Centerville, OH, 45459. I (1) release Fairhaven Church from all actions, claims, and demands against Fairhaven Church by reason of my participation in the activity, and (2) agree that I shall indemnify and hold harmless Fairhaven Church against any and all losses, claims or damages of myself out of or resulting from any activity.

Signature _____

Date _____

PHOTO/VIDEO RELEASE STATEMENT:

Fairhaven Church has my permission to use my photograph, video and audio recordings, likeness, artwork and/or story in any current or future publications, videos, web pages and any other promotional materials produced, used by and representing Fairhaven Church. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use. By signing this document, I have agreed to the above terms.

Signature _____

Date _____