

## Life Bridge Children's Ministry Adult Medical and Liability Release Form

I (being 18 years of age or older) understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event that they cannot be reached, and I am unable to communicate, I hereby authorize an adult leader to consent to the physician or dentist selected by the adult leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, X-rays, or surgery on my behalf as deemed necessary.

Furthermore I hereby give an adult leader with Life Bridge Church consent for Emergency Medical Services (911) to be contacted in the event of a medical emergency. I give consent to Life Bridge Church for transportation on my behalf by ambulance if deemed necessary.

I further understand that my insurance coverage will be used as primary coverage in the event medical intervention is needed. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

I understand all reasonably safety precautions will be taken at all times by Life Bridge Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Life Bridge Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by myself.

Volunteer/Worker Name (print) \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

(I have read the foregoing and agree to the terms established on this form)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact \_\_\_\_\_ phone # (\_\_\_\_) \_\_\_\_\_

Insurance company \_\_\_\_\_ policy # \_\_\_\_\_

Physician \_\_\_\_\_ physician phone # (\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Dentist phone # (\_\_\_\_) \_\_\_\_\_

Hospital preference \_\_\_\_\_