

Engage Conference Medical Release Form

This form is for internal, church use only. A copy WILL NOT be on file at Engage Conference.

Legal Name of Participant _____

Age _____ Birthday _____

Emergency Contact Information

Name of Parents (s)/ Guardian (s) _____

Home Phone _____ Cell Phone _____

Alternate Contact Name _____ Phone _____

Insurance Information

Insurance Company _____

Policy and/or Group Number _____

Please list and medical conditions, recent illnesses or operations, and any medication you take currently and any known allergies _____

Medical Release, Authorization to Treat, Conduct and Publication

I hereby authorize a representative of _____ (church name) to authorize administration of medical treatment to this participant when medical treatment is deemed necessary. I understand that all reasonable safety precautions will be taken at all times by _____ (church name). I understand that in the event medical intervention is necessary every attempt will be made to contact the person(s) listed above. I further release, indemnify, hold harmless and further discharge _____ (church name) it's employees and members, for any and all damages, losses or injuries sustained by participants resulting from applicants participation in Engage Conference. This extends to and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, losses and liability, and consequences in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to person executing such release are hereby expressly waived. Any photographs taken during the week may be used for promotion via print, video and web. A written request to exclude participant must be on file prior to the start of Engage Conference.

Participant's Signature _____ Date _____

Parent/ Guardian Signature _____ Date _____