

ADULT VOLUNTEER RELEASE FORM

CHURCH: Hastings Evangelical Free Church CITY: Hastings STATE: Nebraska
EVENT: _____ DATE(S) OF EVENT: _____

Name: _____

Address: _____ Phone: _____

Family Physician _____ Phone: _____

Specific medical allergies, chronic illness, or other conditions:

Date of last tetanus shot: _____

Other contact in case of emergency:

Name: _____ Phone: _____

TO WHOM IT MAY CONCERN:

I do hereby authorize treatment under the direction of any licensed physician of myself in the event of a medical emergency which, in the opinion of the attending physician, may endanger my life, cause disfigurement, physical impairment, or undue discomfort if delayed.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Hastings Evangelical Free Church of any liability.

This release form is completed and signed of my own free-will with the purpose of authorizing medical treatment under emergency circumstances in my absence and releasing Hastings Evangelical Free Church of any liability.

Signed: _____