



## Servanthood Conference! Medical Release Form for Adults

I, (print name) \_\_\_\_\_ SS # \_\_\_\_\_

request to participate in the Servanthood Project to be held \_\_\_\_\_

In the unlikely event of an emergency or the need for medical assistance, I authorize the Servanthood Conference Staff or sponsors of this project to give consent to any licensed physician and/or hospital for emergency medical or surgical treatment during this project. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. If such an incident should occur, I do hereby

release Rent a Servant, the Servanthood Conference Staff, and all of its supporting churches, directors and chaperons from any and all liability for any and all damages or injuries that may result to my person or property as a result of my role as a volunteer.

Adult Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Contact Information:

1) Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Best numbers to reach him/her: \_\_\_\_\_

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2) Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Best numbers to reach him/her: \_\_\_\_\_

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Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber Number: \_\_\_\_\_

Please list all allergies: \_\_\_\_\_

\_\_\_\_\_

Please list all medications being taken: \_\_\_\_\_

\_\_\_\_\_