

HEARTLAND WORSHIP CENTER
PARTICIPANT HEALTH INFORMATION & AUTHORIZATION

PARTICIPANT'S PERSONAL INFORMATION:

FULL NAME _____ BIRTHDATE _____ GENDER _____

ADDRESS _____

PHONE (H) _____ (C) _____ (W) _____

LIST TWO EMERGENCY CONTACTS (not on the trip):

(1) _____
NAME ADDRESS PHONE

(2) _____
NAME ADDRESS PHONE

MEDICAL INFORMATION: (Please continue on the back should you need additional space for this information)

ALLERGIES _____

LIST MEDICATIONS (Name, dosage, frequency taken) _____

PHYSICAL CONDITIONS/MEDICAL ISSUES:

- Heart Problems
- High Blood Pressure
- Diabetes
- Stroke
- Mini-Stroke
- Breathing Problems
- Other _____

HAVE YOU HAD ANY OF THE FOLLOWING:

- Open-heart surgery
- Stents
- Pacemaker
- Defibrillator
- Joint Replacements

PRIMARY CARE PHYSICIAN _____ PHONE _____

HEALTH INSURANCE COMPANY _____ POLICY # _____

BENEFICIARY'S NAME _____ (Please attach copy of insurance card)

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

(Notary Public Required -- Notary MUST witness your signature)

In the event that I require medical assistance and am unable to authorize such assistance, I hereby authorize the Designee of Heartland Worship Center permission to provide first aid care or to request medical assistance on my behalf. I hereby grant my consent for the hospital and its medical staff to provide emergency medical treatment which a physician deems necessary (including anesthesia). I agree to accept all financial responsibility for all medical expenses incurred.

Signature of Participant _____ Date _____

Sworn to and subscribed before me this the _____ day of _____, 20_____.

My Commission Expires _____

Notary Public

*Authorization form valid for one year from date of issuance. Participant responsible for updating information as needed. *

Participant's Name (Please Print) _____

HEARTLAND WORSHIP CENTER
Senior Adult Ministry Trips & Activities

Waiver of Liability, Assumption of Risk and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in activities associated with Senior Adult Ministry trips and activities, I, intending to be bound by myself, my heirs, executors and administrators do hereby relieve, waive, discharge and covenant not to sue Heartland Worship Center, its agents, volunteers, employees, officers and directors from responsibility for any and all claims including the carelessness or negligence of Heartland Worship Center, its agents, volunteers, employees, officers and directors resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in trips and activities for the Senior Adult Ministry. I hereby certify that I am in good health and condition and am able to safely participate in Senior Adult Ministry trips and activities.

Assumption of Risks: Participation in Senior Adult Ministry trips and activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises and sprains, 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in trips and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Heartland Worship Center HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Senior Adult Ministry trips and activities and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Kentucky and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant

Date

Sworn to and subscribed before me this the _____ day of _____, 20_____.

Notary Public My Commission Expires _____