

Christian Assembly - Kingdom Ministries

Medical Information; Waiver and Release of Liability

Participant's Name: _____

Birth Date: _____ Gender: M _____ F _____

Address: _____ City, State: _____ Zip: _____

Cell Phone #: _____ Home Phone #: _____

Email: _____

Do you have any current medical needs/conditions we should be aware of? Yes _____ No _____

Please describe: _____

Please list any prescription medications you are currently taking _____

Are you allergic to any medications or foods? Yes _____ No _____

Please describe: _____

Emergency Contact: _____ Relationship: _____

Phone #: _____ Alternative Phone #: _____

Insurance Carrier Name: _____

WAIVER AND RELEASE OF LIABILITY

In consideration of Christian Assembly (CA) organizing, arranging and permitting me to participate in this ministry, I hereby waive all rights which I may now have or which may accrue in the future against CA, its employees, and its members, (collectively, the "CA Representatives and Leaders"), and I hereby release CA and the CA Representatives from, and agree to indemnify and hold CA and the CA Representatives harmless from and against any and all liability for any and all actions, damages, suits, costs, losses, claims, and judgments, (Collectively the "Losses and Claims"), which I, my spouse, family members, children, heirs, executors, administrators, successors and assignees ever had, now have, or hereafter can, shall or may have resulting from or arising in connection with my travel to or participation in CA Kingdom outreaches, activities, programs and projects.

I acknowledge that no promises, representations, or affirmations of fact were made to me by CA or any of its agents or representatives concerning the safety of the event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participating in any activity, event or outing associated with the event. I affirm that I have read and I understand the foregoing provisions of this waiver and release of liability and accept the terms and conditions of this waiver and release of liability as a condition of my participation in this event.

AUTHORIZATION AND CONSENT FOR TREATMENT

I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND AGREE TO ITS PROVISIONS. I ALSO GIVE CHRISTIAN ASSEMBLY PERMISSION TO OBTAIN ANY MEDICAL TREATMENT NECESSARY FOR ME DURING THIS EVENT.

Signature of Participant _____ Date _____