

ADULT MEDICAL INFORMATION, CONSENT, AND RELEASE OF LIABILITY

Church policy REQUIRES a completed form for EACH adult over the age of 18 years.

Participant's Full Legal Name: _____

Date of Birth: _____ Gender: Male | Female

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Insurance Carrier **(PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD ATTACHED)** Phone Number: _____

Primary Insured Name: _____ Relationship: _____

Doctor's Name: _____ Phone Number: _____

Hospital of Choice: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Known Allergies: _____

Current Medication(s): _____

Physical / Mental / Developmental Needs: _____

Special Dietary Needs/Concerns: _____

MEDICAL CONSENT AND RELEASE: I give my permission to medical personnel to secure proper treatment; to transport, to hospitalize, order injections, anesthetize, x-ray or do surgery. I do hereby release and forever discharge Sammamish Hills Lutheran from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Participant's involvement in a Sammamish Hills Lutheran activity or with the decision by any representative of Sammamish Hills Lutheran to exercise the power to consent to medical or dental treatment.

LIABILITY RELEASE: I will hold harmless Sammamish Hills Lutheran and its assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the above named participant's involvement in any Sammamish Hills Lutheran activity. This discharges Sammamish Hills Lutheran from liability or claim with respect to any bodily injury, personal injury, illness, death or property damage that may result from the Participant's activity with Sammamish Hills Lutheran whether caused by the negligence of Sammamish Hills Lutheran or its leaders, teachers, staff or committee members of otherwise. Sammamish Hills Lutheran does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical or disability insurance, in the event of injury or illness.

PHOTO RELEASE: Sammamish Hills Lutheran may use, reproduce, assign, publish and/or distribute photographs or videos of myself/my child for use in materials they may create for the purpose of promoting Sammamish Hills Lutheran and its programs.

OTHER: The Participant expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. The Participant agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provision of the Release which shall continue to be enforceable.

Participant's Name: _____
(PRINT name clearly)

Participant's Signature: _____ Date: _____
(signature)



Name: _____

(Please print clearly)

Ministry Leader Covenant of Conduct & Disclosure Statement

In all activities under the sponsorship and / or guidance of my church, I am a representative of the Christian community and I am responsible for my actions. I know God loves me. I will live a life in response to that love. I understand the guidelines below are ways of being responsible and loving.

1. I will respect the property of the facility and personal property of others. I will not be destructive.
2. I will not use drugs, alcohol or tobacco while participating in a church function, nor will I be in possession of them.
3. I will respect the ministry participants and prayerfully consider their insights and ideas.
4. I will respect the rights of others and not verbally or physically abuse or harm anyone.
5. I will participate to my fullest ability.

I, _____, have read this covenant and understand it. To the best of my ability I agree to abide by it.

Are you 18 years of age or older:

_____ No Date of birth: _____

_____ Yes (Please complete the rest of the form)

If you are at least 18 years old and will be involved in ministry with persons younger than 18, or vulnerable adults, please complete the following information to verify that we may perform a Washington State Highway Patrol Background Check.

Have you ever been convicted of a crime against persons? _____ yes _____ no

A crime against persons includes any of the following offenses:

- a. convicted of any crime against children or other persons;
- b. convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- c. convicted of crimes related to drugs as defined in RCW 43.43.830;
- d. found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;
- e. found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
- f. found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;

Form continues on reverse side →

- g. found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

If yes, please describe and provide date(s) of trial(s), conviction(s), and sentence(s) imposed:

The information requested below grants Sammamish Hills Lutheran Church permission to obtain from the Washington State Patrol Criminal Identification System, a report of any record of your criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions.

If there is evidence of a criminal record, we will notify you of the information that is given to us.

UNDER PENALTY OF PERJURY, I certify that the above information I have provided is true, correct and complete. I understand that if I am hired, or placed as a volunteer, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my STATUS IS CONDITIONAL BASED ON RECEIPT OF A SATISFACTORY REPORT FROM THE WASHINGTON STATE PATROL.

Name (please print): _____
(First) (Middle) (Last)

Date of birth: ____/____/____ **Sex:** Male | Female

Other names by which you have been known:

Signature: _____ **Date:** _____

