

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)



Sammamish Hills
LUTHERAN CHURCH

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