

# 3R'S HEALTH & LIABILITY RELEASE FORM

To be completed by each person on a 3:12 Project or a 3 R's Work Mission. Please print clearly.

Name of 3R's Group: \_\_\_\_\_ Dates attending Work Mission: \_\_\_\_\_

## Participant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male / Female

Cell Phone: (\_\_\_\_) \_\_\_\_\_ ALT Phone: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Church Contact Person: \_\_\_\_\_ Contact/Church Phone: (\_\_\_\_) \_\_\_\_\_

## Parent/Guardian/Spouse Information

Spouse Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

If Parent/Guardian/Spouse is not available in an emergency please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Health Information (Use reverse side if additional medical concerns, medication, food or insect allergies, asthma, etc)

Dietary Needs: \_\_\_\_\_

Medication Allergies & Reactions: \_\_\_\_\_

Other Allergies & Reaction: \_\_\_\_\_

Past & Present Medical Conditions: \_\_\_\_\_

Last Tetanus/ Booster Date: \_\_\_\_\_ (if over 5 years, check with your physician)

Insurance Co: \_\_\_\_\_ Address/Phone: \_\_\_\_\_ Policy No: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ City \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ City \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Eye Dr \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Do you or this youth have any conditions that would prevent full participation in this program? [ ] YES [ ] NO

If yes, please explain: \_\_\_\_\_

## PERMISSION AND EMERGENCY MEDICAL AUTHORIZATION

In the event the above person is unable to answer for themselves or is under 18 years of age and the parent/guardian cannot be reached, permission is hereby granted for necessary emergency medical treatment by a certified first aid person and/or a licensed medical professional.

Signature: (circle one) Parent /Guardian /Adult Participant /Staff \_\_\_\_\_ Date: \_\_\_\_\_

Each participant/ group must purchase their own liability insurance\* to cover you while you are participating on the 3R's Work Mission. The participant releases and agrees to hold harmless the Three Rivers District, the East Ohio Annual Conference of the UMC, local churches and their members, employees or agents, from any liability, injury, damages, loss, accidents, delay or irregularity related to the undersigned individual's planned participation or involvement on a 3R's work mission or a 3:12 Project.

This release covers all rights and causes of action of every kind, nature and description, which the undersigned ever had, now has, or but for this release, may have. This release binds the undersigned and his or her heirs, representatives and assigns.

Signature: (circle one) Parent / Guardian / Adult Participant / Staff \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_