



2010 Medical & Liability Release Form *ADULT*

Check Appropriate Box

- Georgia Baptist Conference Center (June 21-25)
 - Georgia Baptist Conference Center (June 28-July 2)
 - Liberty University (July 5-9)
 - Stephen F. Austin State University (July 12-16)
 - Wesleyan College (July 12-16)
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Church Information:

Church Name: _____

City: _____ State: _____

Group Leader Name: _____ Church Email: _____

Counselor/Youth Pastor Information:

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Gender: _____

Date of Birth: _____

Physician's Name: _____

Physician's Phone: _____

Emergency Information:

Contact Name: _____

Relationship to Counselor/Youth Pastor: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Health History:

Allergies: _____ Insect Stings _____ Drugs _____ Other Allergies _____

If you checked any of the conditions above, please give details (include normal treatment of allergic reactions): _____

Conditions: _____ Heart _____ Frequent Colds _____ Chronic Asthma
 _____ Diabetes _____ Hay Fever _____ Physical Handicap
 _____ Epilepsy _____ Frequent Stomach Upsets

Please explain: _____

Date of last tetanus shot: _____

Any activity restrictions or physical limitations? _____ Yes _____ No

If yes, please explain: _____

Do you have health insurance? _____ Yes _____ No

If yes, name of company: _____

Policy Number: _____

Address of Company: _____

City: _____ State: _____ Zip: _____

Phone: _____

I, the undersigned, being 18 years of age or older, do hereby affirm that I am in good health and suffer from no illness, disability, or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, I have no knowledge of any reason I cannot participate in camp recreation activities. I authorize emergency medical treatment to be performed by camp medical staff and/or attending physicians at the local clinic or hospital on my behalf.

I understand that, as a condition of admittance as a counselor/youth pastor, the undersigned hereby releases GO TELL Ministries from any and all liability from injury or illness, mental or physical, suffered by the undersigned during or related to camp.

Signature

Date