



Adult Medical Release

Church Name: _____

Participant Name: _____

Emergency Contact & #: _____

Insurance Co. & Policy #: _____

I, _____, will not hold Tsunami Ministries, Inc. or its staff, responsible for any mishaps that may occur as a result of my negligence. I understand that Tsunami Ministries and the staff will make every effort to provide a safe experience. In the event of an accident, and my emergency contact cannot be reached, I grant permission to obtain the necessary medical attention.

Should I fail to comply with the event rules, and continue to be a distraction to my group and/or other groups, I understand that Tsunami Ministries reserves the right to ask me to leave without refund.

Printed Name of Adult Leader Participant

Date

Signature of Adult Leader Participant: _____

Place Forms in Alphabetical Order and Turn In at Check-In