

## Zionsville Fellowship Emergency Medical Release & Liability Waiver

Participant's Full Name (First, Middle, Last): \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate (day/month/year): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Participant's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell or Bus. Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell or Bus. Phone: (\_\_\_\_) \_\_\_\_\_

*In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:*

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell or Bus. Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell or Bus. Phone: (\_\_\_\_) \_\_\_\_\_

Family Physician:	Physician Phone Number:	Insurance Company	Phone Number
Do you have a history of allergies, heart condition, diabetes, asthma, epilepsy, rheumatic fever, or other existing medical conditions? If yes, explain:		Insurance Company's Address	
Do you have any known allergies? No Yes If yes, list:		Insurance ID Number	
Are you taking medication? No Yes If yes, list:		Insurance Group Number	
Do you have any physical restrictions? No Yes If yes, explain:		Person responsible for your medical bills (Guarantor):	
When was your last tetanus shot?		Guarantor Relationship to Participant Social Security No.	
		Guarantor's Employer Employer's Phone Number	
If you do NOT have insurance, please sign below:			

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant may willingly be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Zionsville Fellowship, its directors, officers, employees, volunteers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his/her heirs or next of kin against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an EMT, nurse, doctor of medicine or dentistry or associated personnel to provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO THIS SHEET.**