

**FIRST COMMUNITY CHURCH
ADULT WAIVER FORM**

Name _____ Date of Birth _____

Doctor's Name _____ Dr. Phone _____

Preferred Hospital _____

Dentist's Name _____ Dentist Phone _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact

Name/relationship _____ Phone _____

Name/relationship _____ Phone _____

Insurance Company under which you are covered _____

Policy Number _____ Phone _____

Does you take medication? No ___ Yes ___ If yes, what? _____

Does you have any known allergies? No ___ Yes ___ If yes, what? _____

Does you have any health problems and/or restrictions on your activities? Yes ___ No ___

If yes, please describe _____

I hereby make application for my participation in the camp program of the First Community Church of Leavittsburg. I will obey all rules and regulations, which are for the purpose of keeping order, and to protect campers from injury. I recognize that there is some risk involved which requires the adherence to these rules. I hereby release First Community Church of Leavittsburg, its officers, instructors, members and guests against all responsibilities and all claims for injuries that I may receive while participating in the aforesaid activity. In recognizing that some risk is involved, I hereby agree to save and indemnify and keep harmless First Community Church of Leavittsburg, its officers, instructors, members and guests against all liability claims, judgments, or demands for damages arising from accidents or injuries or from aggravation of a preexisting condition or from any injury resulting from that condition. I hereby give my authorization to contact the above listed physician, hospital or dentist when medical attention is needed and reasonable if I am unable to do so on my own behalf.

I acknowledge that I have read and understand this agreement. For value and/or consideration received. I attest to the agreement without duress. I hereby certify that the above information is true and correct.

Signature

Date