



## ADULT LIABILITY WAIVER

Each adult participant, including group leaders and chaperones, must sign this form.

### RELEASE OF LIABILITY/MEDICAL RELEASE

I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns, executors, and  
(Full Name)

personal representatives, to hold harmless and defend Revolution Church, its officers, directors, agents, employees, or volunteers from any and all liability for illness, injury or death arising from or in connection with my participation in the project.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies \_\_\_\_\_

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_ Daytime

Phone: \_\_\_\_\_ Night time phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_