



Adult Emergency Medical Information

Personal Information

Participant's Name: _____ Cell Phone: (____) _____

Home Address: _____ Home Phone: (____) _____

City/State/ Zip: _____ Home Church: _____

Email: _____ Birthdate M/D/Y ____ / ____ / ____

Medical Information (Emergency Use ONLY)

Any Special Medical Needs or Concerns? _____

_____ Diabetic? _____ Seizures? _____

Allergies (Medication, Insects, Plants or Otherwise)? _____

Conditions or Problems with Over the Counter Medications? If so, what? _____

Taking Prescribed Medication? _____ If so, Name, Purpose, Dosage, Frequency: _____

Past Medical History / Injuries and other Helpful Health Information: _____

Date of Last Tetanus Shot: _____ Name of Physician: _____

Name of Physician Group: _____ Phone #: _____

Insurance and Contact Information (Emergency Use ONLY)

Health Insurance Provider: _____ "Providers Call" Phone #: (____) _____

Group #: _____ Policy #: _____ I.D. #: _____

In Case Of **EMERGENCY CALL**: _____ Relationship: _____

Day Phone Number: _____ Cell Phone #: _____

If Unable to Contact Above, **CALL**: _____ Relationship: _____

Day Phone Number: _____ Cell Phone #: _____

I consider myself to be in good health to fully participate in all activities with the Labors for Neighbors, Inc. (L4N) team on this Mission. By participating in this Mission with L4N, I am joining the trip as an L4N Team Member; I appoint the L4N Mission Team leaders on this Mission as my L4N Sponsors; and I authorize the L4N Sponsors to disclose to any health care provider my individually identifiable health information which may include medical history, treatment, medications or any other such related information. I understand that L4N may also purchase UMVIM Accident Insurance on my behalf, as a part of the fee that I pay, but only if I deliver the completed application at least two days before the Mission trip leaves.

FAX Signed & Notarized Form to 214.953.1332

Participant's Signature: _____ Date: _____

Liability Release and Assumption of Risk

I, the undersigned, am over the age of eighteen years, and acknowledge that, in consideration for being permitted to travel on the L4N bus and to perform roofing or other construction work (Mission) and otherwise to participate in this event as an L4N Team Member (without compensation), I hereby release and hold harmless and covenant not to file suit against the General Board of Global Ministries, the UMVIM Board, UMCOR Disaster Recovery and the Texas and North Texas Conferences, Highland Park United Methodist Church, Labors for Neighbors, Inc. (L4N), my Home Church, the L4N Sponsor(s), and any affiliated agency, conference, district or local church of the United Methodist Church, together with their respective ministers, deacons, elders, officers, directors, agents, employees and representatives, and all other persons and entities associated with the Mission, jointly and severally (collectively, "Mission Supporters") from any loss, liability, or claims and any and all injury, personal or property damage (Damage) whether such Damage is caused by the negligence, gross negligence, or misrepresentation of a Mission Supporter or otherwise, and also from the intentional, reckless or negligent acts of third parties who are outside their control (collectively, "Claims"). I am in good health and able fully to participate as an L4N Team Member, and I understand that I am engaging in this Mission voluntarily and at my own risk. I assume full and complete responsibility for any injury or accident which may occur during the Mission which involves, without limitation, travel to the Mission site, hard physical labor and hazardous construction activity, and is likely to include heavy lifting and other strenuous activity involving a risk of physical injury. I know that some activities may take place on ladders, roofs and scaffolding above ground level. I assume the risk associated with this Mission including, but not limited to, falls, contact with other L4N Team Members, affects of weather including high heat and/or humidity, the conditions of the Mission site, and any and all related medical costs and expenses. I agree to select a job appropriate for my physical ability and condition, to follow L4N instruction, to abide by all L4N rules and conduct for the Mission, and to accept full responsibility for any breach thereof. If youth under eighteen (Minors) are participating on this Mission, I hereby authorize and request that any agency or other person having personal knowledge about me, furnish to L4N or its authorized agent, any information regarding any criminal convictions including but not limited to those in connection with Minors; I agree to provide any additional information and authorization, and an electronic copy of this release may be furnished as an original; and, in the interests of all concerned, I will impose appropriate physical and emotional boundaries with, and I will endeavor not be alone with any Minor. Further, I authorize L4N and UMCOR Disaster Recovery to use my name, likeness, voice and any other record of the Mission, and I consent to the recording and use of the personal data I am providing.

By my signature below, for myself, my representatives, successors and assigns, I release, discharge, and forever hold the Mission Supporters harmless from any and all Claims and causes of action arising from this Mission, and all related activities, including without limitation, travel, lodging and work, and I will indemnify the Mission Supporters for any costs or expenses arising from the Claims, or otherwise.

Emergency Medical Authorization

AND I do hereby authorize and appoint the L4N Sponsor(s) and their agent(s) as my true and lawful, attorney(s) in fact to act for me and in my name, place and stead to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician, nurse or hospital, or that the L4N Sponsor(s) or their agent(s) shall deem proper or advisable to do or exercise on my behalf. I agree to be responsible for all charges incurred by any hospitalization or treatment rendered pursuant to this authorization. This Power of Attorney for Emergency Medical Authorization and appointment of the L4N Sponsor(s) and their agent(s) as my attorney-in-fact is for the sole and limited purpose of medical treatment, and shall not terminate on my subsequent physical or mental disability.

IMPORTANT: SIGN IN THE PRESENCE OF A NOTARY PUBLIC

SIGNATURE AND NOTARIZATION

I have read and agree to the terms and conditions of both the LIABILITY RELEASE and ASSUMPTION OF RISK, and the EMERGENCY MEDICAL AUTHORIZATION above, and in WITNESS WHEREOF I have hereunto set my hand this ____ day of _____, 20 ____.

Signed: _____
(Signature of Participant – L4N Team Member)

BEFORE ME, the undersigned Notary Public, on this day personally appeared _____, who is known to me to be the person whose name is subscribed to the above LIABILITY RELEASE and ASSUMPTION OF RISK, and the EMERGENCY MEDICAL AUTHORIZATION, and acknowledged that he / she executed them for the purposes and consideration therein expressed.

Given under my hand and seal of office this ____ day of _____, 20 ____.
_____, Notary Public, in and for the State of Texas

Credit Card Information

Each L4N Team Member will need a means of paying for emergency medical treatment and must TIMELY deliver to UMVIM the UMVIM Insurance form, AND PROVIDE THE INSURANCE INFORMATION ABOVE OR CREDIT CARD information below to be used in the event of a medical emergency.

Credit Card Company: _____ Credit Card Number: _____

Date of Expiration: ____/____/____ Name As Appears On Card: _____