

**Mechanicsville Christian Center Adult Medical Release  
Form For Adults (18 years and older)  
(Effective January 1, 2018 through December 31, 2018)**

Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Male  Female

Email Address: \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (home, work or cell) \_\_\_\_\_

Medical insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Carrier Address \_\_\_\_\_ Name of insured person \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Insured person's place of employment \_\_\_\_\_

**Health History**

_____ Frequent Ear Infections	_____ Diabetes	_____ Bleeding Disorders
_____ Heart Defect/Disease	_____ Asthma	_____ Mononucleosis
_____ Seizures	_____ ADD/ADHD	_____ Eating Disorder
_____ Tourettes Syn.	_____ Chicken Pox	_____ Measles
_____ Mumps	_____ Other	

**Allergies**

_____ Hay Fever	_____ Penicillin
_____ Insect Stings	_____ Other
_____ Ivy Poisoning, etc	
_____ Drugs (specify) _____	

Chronic or recurring illness or medical condition \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

**Current medications (List both prescriptions, OTC & herbal)**

Medication Name: \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking \_\_\_\_\_

Blood type (if known) \_\_\_\_\_ Date of last Tetanus: \_\_\_\_\_ Are all immunizations current? Yes  No

Do you have any physical restrictions? \_\_\_\_\_

**These are our rules of conduct expected from each student and leader:**

- |   |   |  |
|---|---|--|
| -Respect one another, staff and adult leaders | -No alcohol, drugs, tobacco permitted             | -Respect and comply with event schedules |
| -No fighting, weapons, fireworks, explosives  | -No students permitted to drive for events        | -Respect property                        |
| -No offensive or immodest clothing            | -No boys in girl's sleeping quarters & vice versa | -Group participation expected            |

**Failure to comply with these expectations could result in you being sent home at your expense.**

The health history as given on this application is correct as far as I know, and I can engage in all prescribed activities, except as noted in the "Restrictions" section. In the event of an emergency, I give permission to the physician selected by the staff of Mechanicsville Christian Center, or authorized representative, to hospitalize, secure proper treatment for, and to order injection(s), anesthesia or surgery as required.

Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Mechanicsville Christian Center**  
**Adult Waiver And Release from Liability (18 years and older)**  
**Effective January 1, 2018 through December 31, 2018**

I (we) acknowledge that my participation in a Mechanicsville Christian Center youth program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I (we) acknowledge that my participation in any Mechanicsville Christian Center youth activity presents risks and that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of myself being allowed to participate in the Mechanicsville Christian Center youth program activities, I agree to the following **(PLEASE INITIAL AND SIGN)**:

\_\_\_\_\_ Mechanicsville Christian Center is not responsible for the loss or theft of personal belongings.

\_\_\_\_\_ Misconduct may result in transportation home from an activity at my own expense. If I am dismissed for a disciplinary reason will not receive a refund of the activity fee.

\_\_\_\_\_ I understand and authorize that my image may be photographed or filmed and used in video presentations, printed publications and a photo directory with their address. I also understand that my photo may be used on MCC's Internet website.

\_\_\_\_\_ I hereby take the following action for myself, my executors, administrators, heir, next of kin, successors and assigns: A) I waive, release, and discharge from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my participation in Mechanicsville Christian Center's activities, the following person, or entities: Mechanicsville Christian Center, its Senior Pastor and Associate Pastors, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above; B) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived released or discharged herein except in the case of gross negligence on the part of MCC, MCC Staff or volunteers; and C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions. I hereby assume the risks of participating in all MCC's mission or youth activities.

\_\_\_\_\_ I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act in the execution of Waiver Release.

\_\_\_\_\_ I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat me for the purpose of attempting to treat or relieve any injury received by myself. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself. I understand that attempts will be made to contact my emergency contact in the most expeditious way possible. Permission is also granted to MCC representatives to provide me the needed emergency care prior to admission to a medical facility.

By entering the information below, I agree to this entire Waiver and Release from Liability.

Signature \_\_\_\_\_

Date \_\_\_\_\_