

MEDICAL RELEASE FORM (General)

Calvary Chapel Mountain Home

Please complete the following information granting Calvary Chapel of Mountain Home permission to seek medical aid for you in the event of an emergency in which you become incapacitated and/or unable to make your own decisions regarding medical treatment.

Name(s): _____

Address: _____

Telephone Number(s): _____

Emergency Contact(s): _____

Current Medications/Needs: _____

Allergies/Allergies to Medications: _____

Other Health-Related Needs: _____

INSURANCE COMPANY: _____

MEMBER # or ID: _____ POLICY#: _____

DOCTOR'S NAME: _____

DOCTOR'S PHONE#: _____

In the event of a health-related and/or medical emergency (accident, injury, sickness, etc.), I hereby give permission for any and all medical attention to be administered to me under the direction of Calvary Chapel Mountain Home and/or its designated representatives. I also assume the responsibility for the payment of any such treatment. This release is effective for a period of one year from the date listed below. This release is made as the free and voluntary act of the undersigned and has not been induced by any promise, agreement, or representation by Calvary Chapel of Mountain Home.

Calvary Chapel Designated Representative: _____

Printed Name: _____

Signature: _____ Date: _____



Web: www.ccmountainhome.com

RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

Calvary Chapel Mountain Home

The undersigned and his or her family members named below or on Medical Release Form, Page 1 intend to engage in various activities in connection with Calvary Chapel of Mountain Home, Inc., an Idaho nonprofit corporation. By signing this Agreement, I agree to the following:

1. I hereby release Calvary Chapel of Mountain Home and all of its pastors, employees, agents, members, and representatives from any and all claims for liability for personal injury or property damage of any sort.
2. I understand that this Agreement constitutes a release of future liability, as well as existing liability.
3. I also agree to indemnify Calvary Chapel of Mountain Home and its pastors, employees, agents, members, and representatives from any and all liability, which may arise out of my involvement and/or the involvement of my family members named below, in any activity carried on by or in conjunction with Calvary Chapel of Mountain Home.
4. This release is made as the free and voluntary act of the undersigned and has not been induced by any promise, agreement, or representation by Calvary Chapel of Mountain Home.
5. My family members, if any, who are covered by this release and indemnification are as follows:

6. I have read this document and understand it. I further understand that by signing this release, I voluntarily surrender certain legal rights.

Printed Name: _____

Signature: _____ Date: _____



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