

MEDICAL AUTHORIZATION AND RELEASE OF LIABILITY

My signature on this form confirms that I hereby release and hold harmless the Healing Place Church (including its agents, employees, representatives, and staff -- collectively "HPC") from all liability for any medical or health-related problem, personal injury or property damage that I may suffer or incur while traveling or serving on a church-sponsored mission trip or ministry event.

For my own safety and well-being, I agree to abide by all rules and regulations established by the HPC representative who is in a position of authority during this time of travel or service. I also accept responsibility for my personal possessions and property during the time of travel or service.

If, during this time of travel or service, I am in need of medical or other health-related treatment, but am unable to seek assistance for myself or make decisions for myself, then I give my permission, authority and power of attorney to the HPC representative to seek appropriate care and treatment on my behalf.

I further agree that any claim for medical or health-related benefits, personal injury or property damages will be limited to and asserted against insurance companies and/or third persons, parties or entities other than HPC.

Home Telephone: _____

Work Telephone: _____

Cell Telephone: _____

Emergency Contact Information: _____

Any known allergies: _____

Medications currently taking: _____

Date: _____

(Signature)

(Printed Name)

Parent Signature (mandatory, if person traveling or serving is under age 18)