

Medical History and Release Form

(Please print)

Your Name: _____ Sex: Male Female

Date of Birth: ___/___/___ Marital Status: Single Married

Your Contact Info:

Street: _____

City _____ State ___ Zip Code: _____

Country: _____ Phone:(____) ____ - ____ E-mail _____

In Case of Emergency Contact:

1. Name: _____ Relationship to you: _____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Cell Phone (____) ____ - ____ E-mail _____

2. Name: _____ Relationship to you: _____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Cell Phone (____) ____ - ____ E-mail _____

Personal Physician or Health--Care Provider:

Name: _____ Phone: (____) ____ - ____

Street: _____

City _____ State ___ Zip Code: _____

Country: _____ Secondary Phone:(____) ____ - ____

Please provide any information for medical conditions that you have experienced that could prove to be a deciding factor in a medical situation.

Serious surgery or injuries

Misc. Information:

Blood Type (if known) _____
Body Weight _____
 Tetanus (Date of last shot _____)

Present Medications:

Further medical information and special dietary restrictions:

Food allergies / medication allergies:

Liability Release Form

To: Institute in Basic Life Principles, Northwoods Conference Center, and Journey Reunion Staff

Event or Activity: Journey Reunion, September 8 - 11, 2011

Participant: _____

The goal of the Journey Reunion is for the participant to meet with God and be challenged and encouraged in their walk with Him. The organizations and individuals named above agree to do their best to provide a safe environment for the participant. However, I understand that the participant is responsible for his or her own conduct. I understand that participation in the above event or activity could include activities which might be hazardous to the participant named above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to their participation in the event or activity. I release the organization and individuals named above from all liability, costs and damages which might arise from participation in the above named event or activity.

I agree to indemnify the organizations and individuals named above and hold them harmless from any claims by its participant, or any claims resulting from the actions of the participant, arising from any injury, death, damage, or loss occurring during the above named event or activity. The organizations and individuals named above are not responsible for items lost or left on the Northwoods Conference Center premises prior to, during, or following the activity.

I further provide my consent for the organization and individuals named above to seek emergency treatment for the participant, if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Signature of Participant: _____ Date: _____

If the participant is a minor, I agree that the minor has my consent to participate in the event.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____