Mission McDuffie 2014 *Adult* Form

Mission McDuffie is an Annual Week-long Missions Project
Benefiting Residents of McDuffie County and Attended by Church Youth Groups

Participant Name (FIRST/MIDDLE)_____ (LAST) _____

Date of Birth ___/___/_____ Gender _____ Age _____ School Grade (just completed) _____

Home Address _____City _____State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____**T-shirt Size:** _____

Your Church Name _____ **Head Youth Leader** _____

In Case of Emergency, Contact _____ Relationship _____

Home Phone _____ Mobile Phone _____

Other Emergency Contact Name & Phone:_____

Medical Information

Insurance Company _____ Phone _____

Policy or Group Number _____

Physician Name _____ Phone _____

Subscriber Name _____ Phone _____

Blood Type (if known) _____ Major Medical History _____

Allergies (use back if needed) _____

Medications (use back if needed) _____

Immunizations (and date received) _____

Authorization for Treatment & Release of Claims

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by a physician. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the agents of Mission McDuffie, from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or child under 18 years of age).

I further understand that photographs, audio recordings, and video recordings may be created during the event, and I give permission for the coordinators of Mission McDuffie to use any or all recordings of me or my child in publications, videos, website design, or other media expressions.

_____	_____	_____
Participant Signature	Print Name	Date Signed
_____	_____	_____
Parent/Guardian Signature	Print Name	Date Signed
_____	_____	_____
Notary (*Must see you sign)*	Date Signed	Notary Expires

*NOTE: All participants (youth **and** adults) must complete and submit this form to be eligible to participate. Youth under the age of 18 must have the signature of a parent or legal guardian. Return your completed form to your church's group leader.*