

**Adult Health Form for UMYM Events/Photo-Video Release**  
(Please Print)

**General Information:**

Name of Adult \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Gender \_\_\_\_\_  
Email Address \_\_\_\_\_

Alternate Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

**Health Insurance Information (Please attach a copy of your insurance card):**

Name of company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_  
In Whose Name is the Insurance? \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

**Health History**

Medical Condition We Need to Know \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Present Medications: \_\_\_\_\_  
Contacts: \_\_\_\_\_ yes \_\_\_\_\_ no Date of Last Tetanus \_\_\_\_\_

I understand that in the event medical intervention is needed, I give my permission for medical treatment to the physician or dentist selected by the adult leaders of the United Methodist Church.

I understand that my insurance coverage will be used as primary coverage in the event a medical emergency occurs.

I understand all reasonable safety precautions will be taken at all times by the church and its agents during the events and activities. I agree not to hold the church leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred.

Signature: \_\_\_\_\_

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

**Photo/Video Release:**

I authorize the release and use of photographs and/or video image for use by Harrisonville United Methodist Church for future publicity and public relations purposes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_