Buncombe Street Methodist Church - 200 Buncombe Street - Greenville, SC 29601

ADULT HEALTH RELEASE FORM

Name			
Date of Birth			
Home Phone	Mobile Phone		
Home Address			
City	Sta	StateZip	
Business Address			
Business City	Business State	Business Zip	
Emergency Contact #1:	Relationship	Telephone	
Emergency Contact #2	Relationship	Telephone	
Name of Personal Physician	Telephone		
Personal Health/Accident Insurance Carrier	Policy No		
Current Medications Taken			
CONCERNS OR SPECIAL DIET NEEDS:			
ADULT PARTICIPANT AUTHORIZATION: In the event cian selected by the program leaders to secure and administhe person named above. I hereby waive and release Bunincurred during the activity.	ster medical or surgical treatment under local and §	general anesthesia, including hospitalization for	
DISCLAIMER LANGUAGE You consent that any photos, video or sound recordings may property of BSMC and may be used by us for any legal purperecordings in any materials (including our website, publication by us.	pose without payment to you. Such uses may involve	ve the inclusion of such photos, video or sound	
Signature	Date		