

The Lutheran Church of the Holy Spirit

3461 Cedar Crest Blvd. Emmaus, PA 18049
610.967.2220

Project Help Permission Form for Adults

For all participants 18 years and older

_____ (adult's full name) will be participating in the Project Help 2019 trip to Starks, Maine from Friday, July 26 to Saturday, August 3, 2019.

*Please list all contact info and circle preferred method(s) or ALL forms of communication. **Please print legibly.***

Home Street Address: _____

Home City: _____ Home Zipcode: _____

Home Phone: _____ Cell phone: _____

Email Address: _____ Birth Date: _____

Christian Conduct

- Just as Jesus did, I will treat other people and myself with respect and love. I will not, for any reason, hit or abuse anyone verbally or physically. I will not bring or use any kind of illegal drugs, alcohol, weapons, knives, firearms, laser pointers, or fireworks, as they are strictly prohibited. The use of tobacco products is prohibited by minors and only permitted outside by adults. Remember, even second hand smoke is harmful.

Electronic Devices

- Cell phones or PDAs will be permitted for emergency use only. If I bring any electronic device, I release The Lutheran Church of the Holy Spirit, Emmaus, PA from any or all responsibility or damage of said electronic devices.

Photos of Event

- I give permission to Lutheran Church of the Holy Spirit to display on church website or church facility, print in Youth Flyer or church newsletter, or a church CD/DVD any photo taken of myself at a church event.
- I give permission to the news media (usually local newspapers) to take photographs or film of an event at the church or church related event. I also give consent for the use of my first name in connection with print or electronic media.

Participant Signature

Participation

Does the participant have any physical, emotional, or mental limitations, problems, or concerns that would be helpful if the staff was aware of or may affect the whole group, i.e. sleeping problems, destructive behavior? If yes, please explain:

Please complete Medical and Allergy Information on reverse side.

Medical and Allergy Information

I recognize that there may or may not be risks involved in participating in the trip and I hereby assume all risk of injury, harm, damage, or death to myself in connection with my participation in the trip through Lutheran Church of the Holy Spirit.

To the fullest extent permitted by law, I release Lutheran Church of the Holy Spirit, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to myself while participating in the activity and agree to save and hold harmless Lutheran Church of the Holy Spirit, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my participation in the activity.

Further, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my care. I authorize the adult leaders to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary to the judgment of attending physicians, in the event that I, the above named participant, should be admitted to any hospital or be in need of any medical treatment and unable to consent to such treatment myself (due to injury). I understand that I am responsible for and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to me.

To the fullest extent permitted by law, I also release The Lutheran Church of the Holy Spirit and adult leaders from any responsibility for administering any medication that this individual may require unless otherwise directed in writing.

Signature of Participant

Date

In an emergency, please contact.

Name _____ Relationship _____

Emergency Contact Phone: _____

Insurance Information *A copy of both sides of your medical insurance card is required for participation. If your insurance information changes, it is your responsibility to submit a new copy of your medical insurance card. If there is no medical insurance, state None.*

Insured's Name: _____ Group #: _____

ID # _____

Insurance Co. Name: _____ Plan: _____

Please notify staff of any special circumstances which may limit or restrict an individual's participation in this community event.

Medication or Prescription Information

Condition(s): _____

Dosage: _____ Precautions to Take: _____

Known Allergies: _____

Medication Names	Print Legibly	Dosage	Quantity	Frequency	Directions/Reaction	Reason for Medication