

Tecate Mission's Trip Adult Permission Release Form

March 19 - 27, 2022

Northview Evangelical Free Church
P.O. Box 64616, Colorado Springs, CO 80962-4616 (719) 572-0829

Personal Information

Name _____ Address _____
Birth date _____ City _____ State _____ Zip _____
Daytime Phone # (_____) _____ Evening Phone # (_____) _____
Email _____ Additional Contact # (_____) _____

Authorization of Consent to Treatment: I, _____ (your name), do hereby authorize Northview Evangelical Free Church mission trip leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital should I be incapacitated and unable to make that decision.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Release of Northview Evangelical Free Church:

_____ (your name) shall indemnify, hold free and harmless, assume liability for, and defend the Northview Evangelical Free Church its agents, servants, employees, officers, and directors from any other sums which the Northview Evangelical Free Church, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____ (your name) use of real or personal property belonging to the Northview Evangelical Free Church and its agents, servants, employees, officers, and directors, or action or omission by _____ (your name). Further, I agree to pay any and all medical expenses that may be incurred in treating any injury that is incurred during the trip. If my insurance is inadequate or nonexistent, Northview Evangelical Free Church will provide a limited amount of insurance to cover emergency treatment at a cost of \$0 (zero dollars).

Day Phone (_____) _____ Cell (_____) _____ Evening (_____) _____
Parents/Guardian Email Address _____
Other Emergency Contact _____ Phone (_____) _____
Family Doctor _____ Phone (_____) _____
Insurance Co. _____ If not insured please check here _____
Policy #, or Group # _____
Known Medical Conditions _____
Medication? _____
Allergies? _____
Last Tetanus Immunization? _____ Contact Lenses? _____
Other _____

Notarization

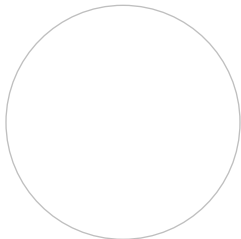
_____ Date _____
Sign in presence of notary

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ by _____
Date Name of person acknowledging

Notary
Seal



(Notary's official signature)

(Commission expiration date)