

Southeast Next Generation Unity Medical & Liability Release Form

Date: _____

This release is for members choosing to attend an NGU retreat and is valid for one year after date of signature. Please contact southeastngunity@gmail.com for any serious health concerns and questions.

Participant Name: _____ Gender: _____ Birthdate: _____
Address: _____
Address line 2: _____
City, State: _____ Zip: _____
Phone: _____ Email Address: _____

Emergency Contact

Emergency Contact: _____ Phone: _____
Relationship to participant: _____

MEDICAL HISTORY

YES | NO - Above-named participant is in good health and is able to participate in all event activities.

If NO, specify limits of participation: _____

YES | NO Allergies to food or medicine (If YES, specify): _____

Participant is currently under a doctor's supervision for:

Current medications: _____

Other medical condition or special-care needs: _____

At NGU events, prescription medications are the participant's responsibility to manage unless otherwise worked out with the NGU Leadership Team. Please use safe practices with prescription medication. Recreational and illegal drug use is prohibited at NGU events. If the participant chooses to partake in illegal or recreational drug use while at event the participant will be asked to leave.

Please check which over-the-counter medications you do NOT want dispensed to yourself during the event:

- ASPIRIN ACETAMINOPHEN (eg: Tylenol) NASAL DECONGESTANT (eg: Sudafed)
- PEPTO BISMOL IBUPROFEN (eg: Advil, Motrin) COUGH SUPPRESSANT (cough drops)

INSURANCE INFO & TREATMENT AUTHORIZATION PAGE

Family Physician: _____ Phone: _____
Medical Insurance Carrier: _____ Policy #: _____
Phone to Submit Claim: _____ Policy Holder Name: _____
Participant/Guardian Social Security Number (OPTIONAL...read below): _____

A hospital WILL require the participant's Social Security number before treating or admitting the participant. You should make sure the NGU leadership has that information in the case the participant become unconscious and unable to provide said information.

CONSENT & LIABILITY RELEASE

Please initial on the blue line

_____ **Transportation:** I give consent to travel in other members vehicles when traveling to events.

_____ **Clothing/Belongings:** I consent to wear and bring the appropriate clothes, personal items as a respect to the other participating members of NGU.

_____ **Photography:** I hereby grant the church, SE Region of NGU, and its representatives permission to use, without compensation or restriction, photographs and videotaped images (from local, regional, and international Unity events) in which the participant appears, in any manner whatsoever, such as but not limited to: publication, display, advertising, slide shows, etc.

_____ **Confidentiality:** I understand that health information on this form will be secured and will only be shared, as needed, with NGU leadership members and medical professionals to safeguard and support the participant. This information will not be publicly disseminated or released to any outside organization.

_____ **if asked to leave:** If the participant is asked to leave the event due to breaking of Heart Agreements, damaging of property, misconduct, or any other reason; the participant will be financially responsible for traveling to participants home. The participant agrees to respectfully leave the event if asked to do so by the Leadership Team.

_____ **Damages:** If the participant causes any damages to the facility, personal property, or other overall damages; the participant will be financially responsible for said damages.

_____ **Participation:** The participant agrees they are of sound mind and body to be responsible for choosing to participate or not participate in planned activities. The participant is not required to participate in any of the scheduled activities or events.

_____ **Liability:** As the above-named participant, I hereby attest that I have read this complete document; all information is complete and true; I have legal standing to make decisions which affect the rights of the above-named participant; and I understand and consent to all terms outlined on both pages of this document.

I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to Next Generation Unity activities and travel, understanding that some activities may pose a risk of injury. I will not hold liable the church, SE Unity Region Inc, Southeast NGU, Unity Worldwide Ministry, Volunteers, the Leadership Team, their employees, agents, or leaders for any injury, illness, or property damage involving the above-named participant. Whenever deemed necessary by group leaders, I authorize the calling of a doctor and/or the providing of other medical services and, unless covered by insurance agree to pay for the said services. If the above-named participant is incapacitated, I do hereby authorize an the NGU Leadership Team as agent for the undersigned, to consent with respect to such participant to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, or hospital care which is deemed advisable by a state-licensed physician or surgeon.

Signature (Participant): _____ Date: _____