

Paradise Bound Ministries, Inc.

Permission Slip/Waiver of Liability

CONTACT INFORMATION:

Name:			Age:	
Address:				
City:		State:		Zip Code:
Day Phone:		Evening Phone:		Emergency:
E-mail Address:				
Trip Dates – From:		To:		

MEDICAL INFORMATION:

These questions give us all the information we must know if you should have to go to the hospital. Please be accurate and specific.

From what company is your medical insurance? (Please attach a copy of our insurance card, front and back)
Are you allergic to an medication or other substances?
Are you currently taking any medication? If so, what?
Date of last tetanus inoculation?
Do you have any major medical conditions such as asthma, diabetes, heart condition, epilepsy, etc.?

Waiver of Liability

The undersigned represents to Paradise Bound Ministries, Inc., a religious non-profit corporation, the undersigned does hereby consent to taking part in noted activity, with full understanding insofar as such activity will involve missions and sporting activity and mingling with other individuals and groups, that there is always the risk of injury, illness, loss and possible consequent expense for medical, diagnostic and curative treatments, and incidental loss and expense, and the undersigned does assume the risk of such and expense, and does hereby wholly release Paradise Bound Ministries, Inc. from any responsibility or liability, and waives any claims or causes of action against it or its agents that might arise on account of loss, injury, or expense occasioned by any sort of accident or any other circumstance, and agrees to hold harmless Paradise Bound Ministries, Inc. from any responsibility of liability, and waives any claims or causes that might arise on account of loss, injury, or expense occasioned by any sort of accident or other circumstance, and agrees to hold harmless Paradise Bound Ministries, Inc. in event any such claim should arise: and,

The undersigned agrees to abide by the rules, regulations, and supervision set and applied by Paradise Bound Ministries, Inc and its agents, and does hereby authorize Paradise Bound Ministries, Inc. or its staff members or other agents to arrange for and consent to x-ray examinations, anesthetic, dental, medical, or surgical diagnosis, and treatment, and hold harmless Paradise Bound Ministries, Inc. from any such. The undersigned will furnish payment or insurance for any such payment, at his or her own expense.

Authorization

I have read the above Waiver of Liability and agree to its provisions for myself and/or minor child.

Signature:	Date:
Signature of Guardian/Parent (for minors):	