

Adult Volunteer - Release Form



Ebenezer Baptist Church * 524 S. Ebenezer Rd * Florence, SC 29501 * (843) 669-1802

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email: _____

Spouse or Emergency Contact Info

Name _____

Work Phone _____

Home Phone _____

Cell Phone _____

Additional Contact Name _____ Relationship _____ Phone _____

Physician Name _____ Physician Phone _____

Dentist Name _____ Dentist Phone _____

Allergies (e.g. medications, food, insect / bites) _____ Date of Last Tetanus Immunization _____

_____ Insurance Carrier _____

_____ Primary Policy Holder _____

Special Medications _____ Policy Number _____

_____ Carrier Phone Number _____

Other Important Medical Information _____

Please attach a copy of both sides of your insurance card

Please complete the reverse side.
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- I hereby authorize leaders and/or adult chaperones of Ebenezer Baptist Church to take me to receive any necessary medical treatment in the event of an emergency.
- I hereby authorize other leaders and adult from Ebenezer Baptist Church to dispense to me necessary over-the-counter medications (according to proper dosage instructions) when deemed necessary.
- The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such for my emergency medical and/or dental services.
- Should it become necessary for me to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
- I hereby, forever discharge and agree to hold harmless Ebenezer Baptist Church and the director thereof from any and all liability, claims or demand for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by myself that occur while participating in any trip or activity with Ebenezer Baptist Church.
- The medical consent and liability waiver provisions hereof shall remain in full force throughout 2021/2022 and in effect until written notice of revocation or withdrawal is received by Ebenezer Baptist Church at its office. It is the responsibility of adult volunteer to notify the church of any changes in medical condition, address or phone change in writing to the address listed at the beginning of this form.

Name _____

Signature _____

Date: _____

Notary Information
The Notary Seal is required

Taken, subscribed and sworn to before me, a Notary Public, in and for the County of Florence, SC on this:

_____ day of _____, 20____.

_____, Notary Public for the State of South Carolina.

My Commission Expires: _____