



PO Box 68, North Granby, CT 06060 (860) 844-0001

Participant Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Sex \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**HEALTH HISTORY**

Check what participant HAS HAD:  ear infections  operation/serious health problems  
 heart trouble  chicken pox  measles

Check what participant NOW HAS:  infections  asthma  other illness  
 dietary restriction  potential health problem

Is participant ALLERGIC to:  bees  penicillin  other drugs  nuts  other food

List medications participant is currently taking, including vitamins.  
Prescription drugs must have a pharmacy label, including Doctor's name:

\_\_\_\_\_

This history is correct as far as I know. I am able to engage in all trip activities.

\_\_\_\_\_  
**Signature** **Date**

In the event of an emergency, I hereby give permission for the physician selected by the group leader or his designate, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me.

\_\_\_\_\_  
**Signature** **Date**

In the event of an emergency, contact:

\_\_\_\_\_  
**Name/Relationship** **Mobile Phone**

**PARTICIPANT INSURANCE COVERAGE:**

Insurance  
Carrier: \_\_\_\_\_ Address: \_\_\_\_\_

Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

**ALL PARTICIPANTS MUST HAVE COMPLETED AND SIGNED THE HEALTH FORM, WHICH  
WILL REMAIN WITH GROUP LEADER.**

**VALLEY BROOK COMMUNITY CHURCH  
RELEASE OF LIABILITY**

Participant Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

EVENT THIS APPLIES TO: \_\_\_\_\_

DATE: \_\_\_\_\_

PLACE: \_\_\_\_\_

Mode of Transportation: \_\_\_\_ Private Car \_\_\_\_ Bus/Van

The undersigned represents to VALLEY BROOK COMMUNITY CHURCH, Inc. that he/she does hereby consent to taking part in the noted activity, with full understanding insofar as such activity will involve mingling with 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 for him/herself assume the risk of such and expense, and does hereby wholly release VALLEY BROOK COMMUNITY CHURCH 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 involving him/herself, and agrees to hold harmless and/or indemnify VALLEY BROOK COMMUNITY CHURCH in event any such claim should arise, except in situation of gross negligence on the part of VALLEY BROOK COMMUNITY CHURCH or its agents.

**AUTHORIZATION:**

**I have read the above "Release of Liability" and agree to its provisions.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**