

# TEC Emergency Medical Information

*(We need this form for adults and teens)*

Name \_\_\_\_\_

**Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If I have a medical emergency during the weekend or if the weekend is cancelled early, please contact the following people (Please list at least two):**

Contact 1 \_\_\_\_\_ Phone number \_\_\_\_\_

Contact 2 \_\_\_\_\_ Phone number \_\_\_\_\_

Contact 3 \_\_\_\_\_ Phone number \_\_\_\_\_

**Please enter your emergency medical information:**

Medical Doctor \_\_\_\_\_ Dr. Phone \_\_\_\_\_

I have the following allergies or disabilities \_\_\_\_\_

I take the following medications \_\_\_\_\_

Medical insurance Carrier and ID number \_\_\_\_\_ / \_\_\_\_\_

**Please list any additional information we should know:**

**Participation Agreement**

I acknowledge that participation in Hand-In-Hand Teens Encounter Christ (HIH TEC) activities involves risk to the participant including but not limited to the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration of the opportunity to participate in HIH TEC activities, the participant acknowledges and accepts the risks of participation in the activity. The participant further accepts personal financial responsibility for any injury or illness or other loss sustained during the activity as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, volunteers or any other representatives. Further, the participant releases and promises to indemnify, defend and hold harmless the activity sponsor for any injury or illness arising directly or indirectly out of the activity whether such injury or illness arises out of the negligence of the activity sponsor, the participant or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

I have read, understand, and agree to the above Participation Agreement.

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

*(or Signature of Parent if under 18 on upcoming weekend):*

***Thank you for providing the requested information.  
It will remain confidential and will be destroyed after the weekend.***