

5. Please list and explain any major illnesses you have experienced during the last year:

Additional comments:

Signature of medical release

In the event that I am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the campus ministry, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care that is not reimbursed by my health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for me. I also agree to go home at my own expense should I become ill or if deemed necessary by a campus ministry staff member.

Signature _____ Date _____

Notarization

Notarization County of: _____ State of: _____

Before me the undersigned authority, on this day personally appeared _____,
Known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same
for the purpose therein expressed. Sworn and subscribed before me the _____ day of _____, 200____.

Notary Public