

**HERITAGE ADULT WAIVER**  
Participation Consent and Hold Harmless Form

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (s): \_\_\_\_\_

I, \_\_\_\_\_, in participation with Heritage Baptist Church, hereby agree to hold harmless Heritage Baptist Church for any and all injuries, including death, while serving in the role as volunteer or participant.

I understand that Heritage Baptist Church will take reasonable safety precautions and if the possibility of an unforeseen hazard does exist, the hold harmless extends to Heritage Baptist Church, its leaders, employees, and other volunteers. I understand and agrees that this Consent shall remain in effect for a period of one (1) year or until written revocation, whichever is first.

This agreement signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Participant Signature

In case of emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you subject to:

\_\_\_\_\_ Fainting Spells      \_\_\_\_\_ Heart Trouble      \_\_\_\_\_ Seizures

\_\_\_\_\_ Allergies: Medication: \_\_\_\_\_

Food: \_\_\_\_\_

Do you have any physical limitations that might impact your level of participation? \_\_\_\_\_

If "yes", please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If you are over 18 years of age yet remain on your parent's medical insurance  
please complete page 2.**

**Only complete the following IF you are currently covered under your parent's medical insurance.**

*Your date of birth:* \_\_\_\_\_

*Name of Insurance Company:* \_\_\_\_\_

*Name of Insured:* \_\_\_\_\_

*Group Number:* \_\_\_\_\_

*Member ID Number:* \_\_\_\_\_

*Customer Service Phone Number:* \_\_\_\_\_