

# PROEM MINISTRIES: RELEASE & WAIVER (ADULT)

*This form is to be filled out in order for you to participate in all the programs with Proem Ministries.*

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**It is extremely important that you provide ANY pertinent medical history or information about existing conditions that may affect Participant:**

Medical Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Will your medical insurance cover you out of the country? Yes \_\_\_ No \_\_\_

Other Medical Information or Health Concerns: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Medications (prescription or over the counter) \_\_\_\_\_

Allergies (medicine, food, insect): \_\_\_\_\_

Have you had any surgery in the past three years: \_\_\_ Yes \_\_\_ No

Travel Insurance Information: \_\_\_\_\_

In an emergency, I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery on me. I understand that every effort will be made to inform my emergency contact before these actions are taken.

\_\_\_\_\_ INITIAL

Regarding videos & photographs of myself taken at any Proem event, I give Proem permission to do the following for nonprofit use and without charge: use at the discretion of Proem, display at a service or event or be used in a multimedia presentation, reprint and distribute for any Proem publication with copyright to accompany photo when used, display on the Proem website, or use quotes and video clips on the Proem website or social media pages.

\_\_\_\_\_ INITIAL

Furthermore, I, for myself and the named participant on this form, and on behalf of my estate, heirs, executors and administrators do hereby fully release and discharge Proem Ministries, including their partners and affiliates, from any and all liabilities, claims, obligations, damages and causes of action whatsoever arising or growing out of my travel and/or participation in the programs of Proem. I also understand that I am responsible for all medical bills related to such activity. Should it be necessary for me to return home due to medical reasons or disciplinary action, I will assume total responsibility for all transportation costs to and from the event. I understand, that as a Proem Ministries participant, that I am serving at my own risk and that Proem is not liable in the event of sickness, injury, accident, theft, terrorist acts or death.

I, hereby consent and authorize Proem Ministries, its partners, affiliates, agents and designees, to authorize any medical treatment deemed necessary while participating in any activity applicable to this form should the named participant be mentally and/or physically incapable of making such a decision. My signature likewise indicates that the information that I have provided on this form is true and accurate and that I have read this entire document, understand it completely and agree to the conditions and terms stated herein.

Print Full Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**PROEM SUPPORT MINISTRIES, INC. | 11601 MAIN ST LOUISVILLE, KY 40243**

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