



# POWER Ministry

## Medical release form & Disclosure of Risk, Agreement of Waiver, Release and Hold Harmless

In the event of illness, injury or emergency, I give my permission for POWER Ministry leadership, Mark Le Duc, Doug Wible, Dave Johnson or Robert Krull to make a decision regarding treatment to hospitalize and/or to order injection, anesthesia or surgery for myself.

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Special medication, medical disorders and instruction/dosages \_\_\_\_\_

Allergies \_\_\_\_\_ Date of Tetanus Shot \_\_\_\_\_

Family Physician or Medical Group \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

### PHONE NUMBERS – SPOUSE AND/OR RELATIVE

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

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

I \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Name Street Address City State Zip*

hereby agree and acknowledge

1. I understand that any travel, volunteer work, or other activities I undertake in connection with POWER Ministry involves inherent risks to my property, health, and life and I further understand the nature of such risks. I understand some of the activities I may participate in will be construction projects, sports activities, visitation of homes, orphanages, prisons, schools, medical facilities and I may be exposed to contagious disease and security risks more common in other countries. All forms of transportation and travel involve significant injury risks.
2. No, principle, officer, agent, director, leader, or other person associated with or acting on behalf of POWER Ministry has disavowed or contradicted anything in this document, including the statements regarding the existence and nature of the risks involved.
3. The undersigned recognizes and acknowledges that POWER Ministry is a charitable, nonprofit corporation engaged in human services and relief activities. The undersigned, for himself does hereby freely and knowingly waive any and all actions, causes of actions, claims, and demands for or by reason of loss of life, bodily injury loss, including, but not limited to the contraction of any endemic diseases, costs, damage, or expense for any act or omission on the part of POWER Ministry or any of its officers, directors, agents, servants, or employees for anything in any way arising from or connected with, either directly or indirectly, any volunteer activities of the undersigned volunteer or of POWER Ministry. The undersigned realizes that activities, which he intends to pursue may entail some amount of risk or possible danger and desires to personally assume such risks.
4. This agreement is intended to be as broad and inclusive as permitted by the laws of the States of California and Texas. This agreement is to be governed by the laws of the States of California or Texas as applicable. If any portion of this agreement is held invalid, it is agreed that the remainder shall nevertheless continue in full force and effect.
5. I enter into this agreement freely and voluntarily in consideration of the permission to participate in the activities described herein and of the benefits associated with such activities. I understand that this agreement is contractual and binding upon me.
6. I have read this document and understood and agreed to all of its contents before signing.

**I have read, I understand and agree to each of the disclosures, authorizations, directions and indemnifications. My typed name below shall have the same force and effect as my written signature.**

Typed Name \_\_\_\_\_ Date \_\_\_\_\_  
*(City and State Where Signed)*

**Form must be completed at time of registration and electronically filed. If you experience difficulty in filing electronically, print completed form and mail along with a copy of your Driver's License and proof of insurance to: POWER Ministry, P.O. Box 56377, Riverside, CA 92517.**