

2023 Medical Release Form
Hilltop U: A Spiritual Retreat for Adults 55+
East Texas Baptist University

Participant's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Birth Date ____/____/____

Sex M / F

Person(s) to Notify in Event of Emergency _____

Relationship to Participant _____

Phone Numbers of Contact Person(s):

Person #1: Daytime _____ Evening _____ Other _____

Person #2: Daytime _____ Evening _____ Other _____

Are you covered by Medicare? Y / N Medicare number _____

Other medical insurance coverage? _____ Policy # _____

MEDICAL INFORMATION In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make certain that you have provided thorough and accurate medical information.

Medications participant takes for current medical conditions (asthma, allergies, etc.)

Medication _____ What is medication for? _____

Medication _____ What is medication for? _____

Medication _____ What is medication for? _____

Allergies _____

In the event of an emergency where medical treatment is required, I give permission to the ETBU staff to obtain any medical treatment that may be deemed necessary to insure the well-being of the named participant. Please attempt to notify by emergency contacts immediately concerning such an emergency.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge East Texas Baptist University, its staff, volunteers, representatives, and any other person acting on behalf of ETBU, from any and all claims, demands, actions or causes of action arising out of damage or injury while participating in the 2023 Hilltop U: Adult 55+ Conference at East Texas Baptist University.

Required Signature of Participant

Date