



SHALOM MEDIA SUMMIT

YOUTH ACTIVITY WAIVER & HEALTH INSURANCE LIABILITY FORM - Adult

I, _____ the undersigned will take part in the Shalom Media Summit. Should I require immediate or emergency medical care while at the Summit sponsored by the Shalom Media, I hereby grant the authority to release me for medical treatment to such medical personnel as Shalom Media determines appropriate under the circumstances. In consideration for the privilege of allowing me to participate in the above-named Summit, I agree to release and hold harmless Shalom Media, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to me while participating in any activity which may be directly or indirectly sponsored by Shalom Media. Further, I agree to indemnify and hold harmless Shalom Media, its officers and agents with respect to any claim asserted by or on behalf of me as a result of bodily injury, illness, or damage.

I also understands if Health insurance is not available for me, I will meet the financial responsibility with regard to any or all treatments.

Those who are participating from outside of United States of America and if the health insurance of that country doesn't cover in USA, Shalom Media recommends to take travel insurance for the participants. It is the responsibility of the participant to take all necessary steps with regard to health insurance.

Allergies: _____

Medications: _____

PLEASE READ CAREFULLY, THIS PERMISSION SLIP IS A LEGAL DOCUMENT
WHICH INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION

Signature of Participant: _____

Name: _____ Date: _____

Telephone number(s): Home: _____ Work/Cell: _____

Emergency Contact Person: _____

Emergency Contact Number: _____

Special instructions or medical conditions:

Complete, sign and email the form to sms@shalommedia.org

SHALOM MEDIA USA INC, 211 E WISCONSIN RD, EDINBURG, TX 78539