



2025-2026
General Information and Liability Release Form for Adults
(Individuals under 18: please fill out the General Liability Release Form for minors)

Information for Adult Participant/Volunteer/ Attendee:

Last Name: _____ First Name: _____

Gender: _____

Address: _____ City _____ State _____ Zip _____

Cell Phone Number: _____ Home Phone: _____

Email Address: _____

Date of Birth: ____/____/____ Age: (As of June 23, 2025) ____

(If applicable) School Grade / College Year for 2025-2026 School Year: _____

Allergies: _____

Medical Concerns: _____

Doctor's Name: _____ Doctor Phone: _____

Medical Insurance Carrier: _____ Policy/ ID Number: _____

Other special needs and health concerns: _____

Emergency Contact Person:

Full Name: _____

Phone Number: _____ Alternate Phone: _____

Email: _____

Relationship to subject: _____

Emergency Contact Person #2:

Full Name: _____

Phone Number: _____ Alternate Phone: _____

Email: _____

Relationship to subject: _____



Additional Information:

Do you have a home church? Yes No

Church Name: _____ City: _____

Are you baptized? Yes No Are you confirmed? Yes No

Additional Comments:

Liability Form:

Applicable Dates and Activities: All Trinity Lutheran Church sponsored activities for the period of May 1, 2025 – July 1, 2026. These activities include but are not limited to: Vacation Bible School (VBS), God Rocks, TSP Kids, Surf Camp, youth group activities, off-campus outreach events, home church groups, bible studies, open house evenings, and all other church outings and/or events.

I, _____ (First and Last Name) agree to the following as I participate in Trinity sponsored activities.

In the event of illness or injuries, I give permission receive the appropriate medical treatment as deemed necessary. I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. I give my permission to the physician or dentist selected by the Trinity activity leader to hospitalize, to secure medical treatment, and/or order an injection, anesthesia, or surgery as deemed necessary.

I understand that my medical insurance coverage will be used as primary coverage in the event that medical intervention is needed. Coverage by Trinity Lutheran Church through its insurance policy will be used as a backup for what my policy does not cover. I understand that all reasonable safety precautions will be taken at all times by Trinity Lutheran Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk.

I agree not to hold Trinity Lutheran Church, its leaders, employees, and volunteer staff liable for any damages, losses, diseases, claims, or expenses on account of injury to myself or property, even injury resulting in death, which I know have or which may arise in the future in connection with the activity or participation on any associated activities.

I agree not to hold Trinity Lutheran Church responsible for any exposure I have to the COVID-19 virus.

I give permission to be photographed. I consent to the use of any photographs, videos, or audio recordings of myself for Trinity's publication purposes.

I understand that this General Information and Liability Release Form will remain in effect for the dates specified above unless revoked in writing.

I have read this release and know the contents thereof. I sign this release of my own free act.

Signature:

_____ Date: _____

Printed Name:
