

Adult Permission/Medical Release
for
Builders Without Borders of Texas, Inc.

Referring to _____ Date of Birth _____
(name of adult)

Address _____

City/State/Zip _____

I knowingly release, absolve, indemnify, and hold harmless Builders Without Borders of Texas, Inc., its Members, Trustees, Administrative Board, Committee and Staff, as well as organizers, sponsors, workers and all other acting on behalf of Builders Without Borders of Texas, Inc., or its programs and activities, from all claims that might result from any accident, personal injury, illness or death to myself named above in connection with any such program or activity.

In case of emergency, please notify _____
at _____
(address)

(home phone) (business phone) (cell phone)

Family Physician _____ Phone _____

Medical Insurance _____ Policy No. _____
(name of company)

Social Security # _____

Allergies _____

Date of last tetanus shot _____

All medications presently taken _____

List any previous illnesses, injuries, or special needs of which the staff should be aware _____

Signature of adult identified on this form

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public Seal

Notary Public _____
for the State of Texas

My commissions expires _____