

MEDICAL STATEMENT FORM

PLEASE ANSWER THE FOLLOWING QUESTIONS THOROUGHLY REGARDING YOUR HEALTH.

PLEASE PRINT CLEARLY:

1. Would you be able to walk five to ten miles per day? _____
 2. Are you under medical supervision at this time or taking medication? ___Y ___ N
If so, what kind? _____
 3. Would you consider yourself in generally good health and good physical condition? _____
 4. Do you certify that you are non-contagious? ___Y ___ N
 5. Do you have any physical or dietary limitations? ___ Y ___N
- Specify: _____

NOTE: On a separate sheet of paper please make additional comments regarding your health or special limitations affecting physical, mental or emotional capabilities.
If under medical supervision, please provide the name, address and phone number of the physician under whose care you are being treated.

RELEASE OF LIABILITY

I/We do hereby release Scott Hinkle Outreach Ministries, Inc. their agents and assistants, from any liability whatsoever arising out of injury, illness, damage, loss or war which may be sustained by me/us during the course of involvement with Scott Hinkle Outreach Ministries.

Name of Participant (**PRINT**)

X _____
Signature of Participant / Guardian Date

CONSENT FOR TREATMENT

I/We do hereby agree to the performance of such treatment, anesthetic and/or operations as in the opinion of the attending physician is deemed necessary on:

Name of Participant (**PRINT**)

X _____
Signature of Participant / Guardian Date