

**Bushels of Blessings**  
**Adult Waiver Form**  
**380 Georgetown Road**  
**Carneys Point, NJ 08069**

I \_\_\_\_\_ will be volunteering with Bushels of Blessing Ministry. By signing this, I agree to release Bushels of Blessings or its employees and volunteers harmless in case of accident or injury.

To whom it may concern:

I authorize an adult to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I agree to be liable and to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Insurance Company Name: \_\_\_\_\_

Insurance Policy/Account Number: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Physician's Name and Phone Number: \_\_\_\_\_

Please list any medical/allergic conditions and/or medications you are currently taking: \_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_

Phone # \_\_\_\_\_ (cell) \_\_\_\_\_

I,  agree  do not agree, to allow any photos of myself to be used for promotional activities by Bushels of Blessings Ministry.

Signature

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_