



# ASSOCIATION FOR EPISCOPAL DEACONS

ENGAGING THE DIAKONIA OF ALL BELIEVERS

## AED Event: Emergency Contact Information

<b>Name</b>		
<b>Address</b>		
<b>Email</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Emergency Contacts</b>	<b>Primary Contact</b>	<b>Secondary Contact</b>
Name		
Phone		
Email		
Relationship		
<b>Allergies</b>		
<b>Primary Physician</b>		
Phone		
Email		
<b>Medical Insurance</b>		
Company Name		
Policy/Group Number		
Phone		

I understand that in the event of emergency, reasonable efforts will be made to reach my designated contact(s). I give the Association for Episcopal Deacons and its agents in their discretion permission to release this information to medical personnel. I agree to hold AED and its agents harmless of any liability resulting from their exercise of this discretion. Nothing in this form should be construed as granting **permission to secure medical treatment.**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

This information will be maintained in the event file and destroyed after the 2019 Assembly.



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## 2019 AED Triennial Assembly

### Release Form for Media Recording

In the course of the 2019 Triennial Assembly, photographs and other electronic recordings may be taken by event staff. The Association for Episcopal Deacons may use these materials for promotion of the organization, including recruitment and fundraising efforts, **without my name attached.**

By signing this Release, I consent to use by the Association for Episcopal Deacons of any web materials, photographs, visual, or audio reproduction in which I may appear.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_