

**Trinity Church**  
**Molly's House Insurance Attestation**

**Medical**

You hereby certify that you have obtained all medical information, including but not limited to copies of health insurance cards and medication information, from all participants in the group you are supervising at Trinity's Molly's House. You hereby acknowledge that Trinity Church will not be responsible for illnesses or injuries that might happen during your stay.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**Liability**

You hereby certify that you have endorsed Trinity Church as an additional insured on your liability, or other relevant insurance policy, for the time period of your stay.

\*Please also provide us with a copy of the acord form from your insurance provider.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date