

2011-2012
ADULT MEDICAL RELEASE FORM

(To be completed by participant)

FIRST PRESBYTERIAN CHURCH
1000 Penn Street, Fort Worth, Texas 76102 (817) 335-1231

Date form filled out _____

Name _____ Birth Date _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Please note any medical information you deem helpful or necessary for us to know e.g. shot history, allergies,

Additional comments _____

Physician's Name _____ Phone (____) _____

Medical Insurance Company _____

Phone number (s) _____

Policy Number or ID Number _____

PLEASE NOTE: I understand that, in case of an emergency, every effort will be made to contact the emergency contact below. In the event that he/she cannot be reached, I hereby consent to emergency transportation, examination, x-ray, anesthesia, injection, medical, dental, surgical diagnosis, treatment and hospital care as advised and administered by any physician, dentist, or surgeon licensed to practice under the laws of the state where services are rendered, at a doctor's office, clinic or hospital. I, therefore, assume all responsibility for decisions made, emergency care or treatment. I further release First Presbyterian Church, its staff, and adult leaders from responsibility and liability for any injury or illness that I may sustain during church activity or transportation involving the church activity. Also, I understand that some hospitals require notarized authorization before being treated. (If this form is not signed and notarized, a hospital may not treat you or insurance may not cover expense.)

In case of an emergency please call:

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Pager # _____ Other # _____ Other # _____

Participant's Signature _____

Date _____ Occupation(s) _____

Executed before me this _____ Day of _____, 20____

State of TEXAS

County of TARRANT

My Commission Expires _____

Notary Public Signature

*****A COPY OF INSURANCE CARD (FRONT & BACK) MUST BE ATTACHED TO THIS FORM!*****

2011-2012
ADULT LIABILITY RELEASE
AND INDEMNITY FORM

(To be completed by participant)

FIRST PRESBYTERIAN CHURCH
1000 Penn Street, Fort Worth, Texas 76102 (817) 335-1231

I, the undersigned _____, a participant in the programs of First Presbyterian Church of Fort Worth, do hereby agree to the fullest extent permitted by law (including releasing and indemnifying any negligent acts) to release and hold harmless the First Presbyterian Church of Fort Worth, and their respective ministers, elders, trustees, staff persons, members volunteers and other participants, whether actively participating in any activity or otherwise, from any and all liabilities attendant to or arising from my attendance at or participation in the programs of First Presbyterian Church. I am aware that these programs may involve motor travel in a rented vehicle, or in cars owned by members, within Fort Worth, or between Fort Worth and other destinations.

Signature

Date

Executed before me this _____ Day of _____, 20__

State of TEXAS

County of TARRANT

Notary Public Signature

My Commission Expires _____