

Presbyterian Church of Stanley

**2011 / 2012 Adult Consent / Release Form for—  
Age 18 and Over**

(Including emergency medical treatment for anyone age 18 and over.)

**Print Information:**

Concerning: \_\_\_\_\_  
(last name) (first name) (middle name or initial)

\_\_\_\_\_  
(Date of birth) (age)

\_\_\_\_\_  
(street) (city) (state) (zip)

**Concerning this participant (write N/A if not applicable):**

Have any special needs? \_\_\_\_\_

**Allergies to (list them here):**

Medications \_\_\_\_\_

Foods \_\_\_\_\_

Environmental \_\_\_\_\_

Need any medications? \_\_\_\_\_

Have any dietary concerns? \_\_\_\_\_

Have a medical condition that would keep this participant from fully participating \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Medical Insurance:**

Insurance Company's Name: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: AC \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(first and last name) (relationship)

continued on back...



I further consent and authorize that if, in the sole discretion of the adults in charge of said activity, I am in need of emergency medical treatment during the period above noted, any such adult may give consent on my behalf to such treatment, and may sign appropriate consent forms in my behalf to the same effect as if I had personally signed such consent forms.

I hereby release, and agree to indemnify and hold harmless (1) The Presbyterian Church of Stanley (hereinafter, the "Sponsor") as sponsor and organizer of said event, and (2) all medical personnel providing such medical treatment to said participant during said period, for any claims alleged to have arisen out of such participation or such treatment (in the absence of gross negligence or willful misconduct), and I hereby further release the Sponsor and all persons associated with it for any claims that I, said participant, or anyone else might have arisen out of the participation in such event or the consenting to, or the providing of, any such emergency medical treatment to participant (in the absence of gross negligence or willful misconduct).

I hereby give my permission to be photographed, videotaped and/or audio taped during activities. I understand that these pictures and/or sounds may be shared with the church membership, children, youth, and/or visitors, including use on our website. No names will be listed with the pictures.

Check here if NOT giving permission to be photographed, audio and/or video taped.

By accepting this form, the Sponsor agrees that, in the event of an emergency, reasonable efforts will be made to contact the responsible adult listed on the reverse of this form as quickly as is feasible under the circumstances.

**Consent and Release**

**Adult Consent for the period of August 1, 2011, through August 31, 2012.**

In confirmation of the above, I sign this Consent and Release this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Participant's Name printed) If 18 or over

\_\_\_\_\_  
(Participant's Signature)

**MUST BE SIGNED BEFORE A NOTARY PUBLIC.**

\_\_\_\_\_  
(Address) (City) (State) (Zip)

State of Kansas )  
S.S.  
County of Johnson )

On this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_,

\_\_\_\_\_ personally appeared before me

whom I know personally,  whose identity was proved to me on the basis of satisfactory evidence, and who acknowledged the execution of the foregoing form and stated that the information therein set out is true and correct to the best of his/her knowledge and belief.

My commission expires:  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

Seal:

**This form will not be accepted with changes or deletions.**