

**2017-2018**  
**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!\*\*\***

**2017-2018**  
**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 \_\_\_\_\_