



**ADULT ACTIVITY
MEDICAL CONSENT / RELEASE FROM LIABILITY**

I (name) _____ intend to participate in the following activity/trip _____ sponsored by River West Church ("Church"). The activity/trip is scheduled to commence on _____ (departure date) and conclude on _____ (return date). In consideration of the Church allowing me to participate in the activity/trip, I agree as follows:

1. **Voluntary Participation.** My involvement with this activity/trip is voluntary.

2. **Risk of Serious Injury, Trauma, Chronic Disease, or Death.** I understand that participating in the trip and its activities may involve inherent risks that may result in serious injury, trauma, chronic disease, or death.

3. **Insurance.** I will be fully responsible for the cost of any medical treatment and evacuation that I may require.

4. **Assumption of Risk.** I voluntarily assume all risks identified above.

5. **Medical Consent.** I hereby consent and give permission to the Church and its representatives with respect to the activity/trip, as agent for me, to do the following in the event I suffer an accident or illness where I am rendered unconscious, or if I otherwise lack mental capacity to make decisions regarding my own well-being: the Church and its representatives may consent to, authorize, and sign such releases as may be required in order to obtain any x-ray examinations; injections; anesthesia; medical, dental, or surgical diagnosis and treatment; and/or hospital care and treatment advised and administered to me by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered. I further authorize the Church and its representatives with respect to the activity/trip to arrange for my transportation, whether by ambulance or otherwise, to a hospital or other proper facility to obtain care and treatment as described in the previous sentence. I am giving this authorization in advance of any specific diagnosis. Unless earlier revoked in writing, this authorization shall remain valid for the duration of the trip (including any extensions of time beyond the return date specified above, whether intentional or unintentional).

6. Medical and Insurance Information. I certify that the following information about me is true, correct, and complete to the best of my knowledge:

Insurance Company: _____ Policy No. _____
Group No.: _____ Insurance Co. Phone No. _____
Physician: _____ Phone No. _____
Allergies (including allergies to medications): _____

If I require special medication, I will bring such medication with me on the trip. yes no
If "yes," please identify the special medication: _____

Other medications taken now or on a regular basis: _____

Date of most recent tetanus shot, if known: _____

Medical or health conditions or problems (asthma, diabetes, epilepsy, etc.): _____

[Note: Please use the back of this page or attach additional sheets of paper if necessary to fully provide the required information.]

7. Release of Claims. I hereby release the Church, its pastors, employees, agents, and volunteer workers ("Church Released Parties") from and against any and all claims and liability for any injury, loss, or damage to person or property ("Claims") that may arise out of or relate to the activity/trip, including, without limitation, any and all Claims that may arise out of or relate to negligence on the part of the Church Released Parties.

This release is binding on me, my personal representatives, and my successors and assigns. I have carefully read this document and understand what it says.

X _____
Participant Signature

Date

Printed Name: _____