

First Presbyterian Church 1100 S. Harrison Amarillo TX 79101
AUTHORIZATION FOR MEDICAL TREATMENT AND/OR HOSPITALIZATION

State of Texas, County of Potter

AGREEMENT OF AUTHORIZATION, RELEASE AND WAIVER made this day by
_____ (Releasor) and First Presbyterian Church
(First Church).

In consideration of Releasor or their minor child, _____, being permitted to participate in activities of First Church, Releasor, individually and on behalf of Releasor's minor child or children makes the following representatives and acknowledgments upon which Releasor intends First Church to rely:

1. I understand and agree that participation in activities, on the premises of First Church or other premises utilized by First Church, and trips sponsored by First Church is inherently dangerous, and I voluntarily assume all those risks being inherent in any situation and under any circumstances on the premises of First Church, its successors or assigns;
2. I authorize examination and medical treatment due to illness or injury by any licensed health care provider deemed necessary by First Church personnel;
3. I will not be considered an agent, servant or employee of First Church, and, thus, I will not be covered by any employment benefits or insurance;
4. I will not participate in any First Church activity or trip after consuming alcohol, illegal or prescription drugs or other substance that may impair my mental and physical faculties and if I am found (in the sole discretion of First Church personnel) to have violated this agreement or if any rules of First Church as they have been explained to me, I understand that I will be dismissed and, if dismissal occurs on a trip, I will be responsible for all expenses necessary for return to Amarillo.

Based on the above, I do individually and on behalf of my minor child or children by these presents for myself, my heirs, executors, administrators and assigns:

1. HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE First Church or any of its agents and employees (releasees) from any and all actions, causes of action, claims, demands, costs or damages arising from or resulting from property damage, personal injuries or death sustained by me, my minor child afore named, or my property while participating in an activity or trip sponsored by First Church.
2. AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS the releasees each of them from any loss, liability, damage or costs that they may incur due to the undersigned's, or the undersigned's minor child's participation in the activities or trips of First Church whether caused by the negligence of the releases or otherwise.
3. HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasees or otherwise while participating in activities or trips of First Church.
4. AGREE that the foregoing authorization, release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the Laws of the State of Texas and if any portion thereof is held invalid, it is AGREED that the balance shall, notwithstanding, continue in full legal force and effect.

Please fill out IMPORTANT information on the other side!

PARTICIPANT'S MEDICAL INFORMATION

Participant's Full Name _____

Address _____

City/State/Zip _____ Phone: _____

Date of Birth: ____/____/____

Family Physician _____

Physician's Address _____ Phone: _____

Allergies, medications or other medical information to be noted:

Name of Insurance Carrier _____

Policy # _____ Address _____ Phone _____

Name of Parent(s) or Guardian _____

Address _____ Phone _____

Work Phone # _____ Time Available _____

Name of Alternate Contact _____ Relationship _____

Address _____ Phone _____

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT and agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

I HAVE READ THIS DOCUMENT AND I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.

I UNDERSTAND I ASSUME ALL INHERENT RISKS AS DESCRIBED ABOVE.

I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS.

Witness my hand the _____ day of _____, _____.

Releasor Signature

WITNESS: (name/address of a non-family member) _____
