

PARK CITIES PRESBYTERIAN CHURCH

MEDICAL & LIABILITY RELEASE

Name of Student _____

Date of Birth _____

Address: _____

City: _____ Zip Code _____

Home Phone (_____) _____

Allergies (including food allergies) _____

Medications taken: _____

Activity or Trip: **PCPC Austin City Project Mission Trip** Date(s): **March 9 to March 13, 2012**

I understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician, dentist, or hospital selected by the Activity Leader to secure treatment and/or to order an injection, anesthesia, or surgery for my child as deemed medically necessary.

I understand that my health insurance coverage for my child will provide primary coverage in the event medical treatment or intervention is needed.

I agree to allow the identified student to participate in the activity identified above and understand all reasonable safety precautions will be taken at all times by Park Cities Presbyterian Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Park Cities Presbyterian Church, its leaders, employees, and volunteer staff liable for any damages, losses, diseases, or injuries incurred as a result of the student's participation in this activity.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

**PLEASE REMEMBER TO PROVIDE THE CONTACT INFORMATION
REQUESTED ON THE BACK OF THIS FORM.**

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EMERGENCY CONTACT PERSON

NAME _____

RELATIONSHIP TO STUDENT _____

Address (if different from student) _____

Home Phone _____

Work Phone _____

Cell Phone _____

ALTERNATE CONTACT PERSON

NAME _____

Home Phone _____

Work Phone _____

Cell Phone _____

**PARK CITIES PRESBYTERIAN CHURCH
RELEASE OF CLAIMS FOR FUTURE ACCIDENTS**

I, _____
(Guardian) Please Print

of city of _____, State of Texas, hereby affirm that my child,

(Child's Name) Please Print

shall participate on **March 9 to March 13, 2012**
(Date or Dates)

in the following activity or trip **PCPC Austin City Project Mission Trip**_____,
hereinafter referred to as "the Activity".

I certify that I am cognizant of the inherent dangers associated with participating in the Activity and with the fact that participating in the Activity may take place outside of or off the Park Cities Presbyterian Church premises.

I understand and agree that neither Park Cities Presbyterian Church nor its trustees, representatives, instructors, staff, or agents may be held liable in any way for any occurrence in connection with my child's participating in the Activity which may result in injury, harm, or other damages to me or my family.

As a part of the consideration for being allowed to enroll and participate in the Activity, I hereby personally assume all risks in connection with participation in the Activity. I further release Park Cities Presbyterian Church, its trustees, representatives, instructors, staff, and agents for any injury or damage which may befall while enrolled in or participating in the Activity. I further agree to save and hold harmless Park Cities Presbyterian Church, its trustees, representatives, instructors, staff, and agents from any claim by me, my family, estate, heirs or assigns arising out of enrollment and participation in the Activity. I also authorize Park Cities Presbyterian Church to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm, or accident occur while participating in the Activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release, that I understand the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act and coalition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

I have executed this affirmation and release on the _____ day of _____, 201__.

Signature: _____

