

**MESSIAH LUTHERAN CHURCH**  
**1801 WEST PLANO PARKWAY**  
**PLANO, TEXAS 75075-8620**  
**TELEPHONE: 972-398-7500    FAX: 972-398-7597**

---

---

**ADULT CONSENT, RELEASE, INDEMNIFICATION AND  
AUTHORIZATION FOR MEDICAL TREATMENT**

FULL NAME:

\_\_\_\_\_

BIRTH DATE:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE NUMBERS:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Pager) \_\_\_\_\_ (Cell) \_\_\_\_\_

NAME OF SPOUSE:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE NUMBERS:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Pager) \_\_\_\_\_ (Cell) \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT:

\_\_\_\_\_

RELATION TO YOU:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE NUMBERS:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Pager) \_\_\_\_\_ (Cell) \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT:

\_\_\_\_\_

RELATION TO YOU:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE NUMBERS:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Pager) \_\_\_\_\_ (Cell) \_\_\_\_\_

## **ACKNOWLEDGMENT OF EXPECTED BEHAVIOR**

It is my understanding that my participation in the programs, field trips, educational, religious, recreational and other activities (all are collectively referred to herein as "activities") of MESSIAH LUTHERAN CHURCH is a privilege offered to and earned by me. Prior to and during participation in any and all activities, I acknowledge that I will be expected to conduct myself in an appropriate manner. I understand that in the event I act in an inappropriate manner, I may be asked to leave the activity and return home at my expense and the privilege of participating in activities sponsored by MESSIAH LUTHERAN CHURCH, may be suspended or revoked from me, as MESSIAH LUTHERAN CHURCH deems appropriate.

## **ACKNOWLEDGMENT OF RISK**

Prior to my participation in activities sponsored by MESSIAH LUTHERAN CHURCH, I acknowledge that there are certain risks associated with the activities, including, by way of example, injury due to activity-related accidents, injury due to transportation-related accidents, injuries due to the acts of others, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

## **CONSENT**

It is my express intent, as evidenced by my signature on this form, that my participation in all activities sponsored by MESSIAH LUTHERAN CHURCH for the period indicated herein is voluntary on my part.

## **TRANSPORTATION AUTHORIZATION**

I understand that under certain circumstances, MESSIAH LUTHERAN CHURCH may occasionally provide transportation in a vehicle driven by an adult employee or volunteer who is acting under the auspices of MESSIAH LUTHERAN CHURCH (herein "MESSIAH LUTHERAN CHURCH sponsored transportation") to and/or from an event. Should this transportation be offered, I acknowledge that my participation in any activity is not contingent upon being transported to and/or from such activity by MESSIAH LUTHERAN CHURCH sponsored transportation. I further acknowledge that MESSIAH LUTHERAN CHURCH has not verified the driving record of any driver or the mechanical condition of any vehicle. I fully understand that MESSIAH LUTHERAN CHURCH is in no way responsible, nor does MESSIAH LUTHERAN CHURCH assume liability, for any injuries or losses resulting from the MESSIAH LUTHERAN CHURCH sponsored transportation or the operator thereof. Although MESSIAH LUTHERAN CHURCH may recommend travel time, routes, caravanning or assist in coordination the transportation to or from activities, I fully understand that such recommendations are not mandatory.

## **RELEASE AND INDEMNIFICATION**

In consideration of MESSIAH LUTHERAN CHURCH allowing me to participate in activities, I, on behalf of myself, and any of my personal representatives, assigns, heirs and next of kin, agree to assume any and all liability, whether known or unknown, identified herein or otherwise, related to

any activity during the period indicated herein. Further, I, on behalf of myself, and any of my personal representatives, assigns, heirs and next of kin, hereby release, waive, discharge and hold MESSIAH LUTHERAN CHURCH, its ministers, leaders, employees, volunteers and agents harmless from all claims or actions which I ever had, now have, or may have in the future or any liability for injuries or damages which occur to me as a result of my participation in any activity. I, on behalf of myself, and any of my personal representatives, assigns, heirs and next of kin, hereby covenant not to sue MESSIAH LUTHERAN CHURCH, its ministers, leaders, employees, volunteers and/or agents for any loss or damage or make any claim or demands therefor, on account of injury to the person or property or death of me whether or not caused by MESSIAH LUTHERAN CHURCH, its ministers, leaders, employees, volunteers, agents and/or another activity participant. I, on behalf of myself, and any of my personal representatives, assigns, heirs and next of kin, hereby expressly waive all claims for medical expenses, pain and suffering, loss of earnings, and/or loss of services, or any other claims to which I may otherwise be entitled and I agree to indemnify and hold harmless MESSIAH LUTHERAN CHURCH, its ministers, leaders, employees, volunteers and agents from all claims made by third parties against it or them which result from my participation in any activity. I, on behalf of myself, and any of my personal representatives, assigns, heirs and next of kin, hereby agree to indemnify, save and hold harmless MESSIAH LUTHERAN CHURCH, its ministers, leaders, employees, volunteers and agents from any loss, liability, damage or cost it or they may incur due to my action or inaction while I am participating in any activity, whether or not caused by the negligence of MESSIAH LUTHERAN CHURCH, its ministers, leaders, employees, volunteers and/or agents. I, on behalf of myself, and any of my personal representatives, assigns, heirs and next of kin, expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as allowed by law and, in the event any provision is deemed to be void, it is agreed that the balance shall, notwithstanding, continue in full force and effect. I, on behalf of myself, and any of my personal representatives, assigns, heirs and next of kin, warrant that no oral representations or statements have been made to me regarding my participation in any activity other than those stated herein.

### MEDICAL INFORMATION

The following information is provided to be helpful to a physician, hospital or other medical care provider in case of emergency and to provide information employees and/or volunteers need to be aware of for my safety. **In the event any of the following information changes after signing this document, I will immediately notify MESSIAH LUTHERAN CHURCH, in writing.**

PRIMARY PHYSICIAN:

\_\_\_\_\_

HOSPITAL AFFILIATION:

\_\_\_\_\_

PHYSICIAN'S ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBERS:

(Office) \_\_\_\_\_

(Emergency) \_\_\_\_\_

Are you currently under medical care: Yes \_\_\_\_\_ No \_\_\_\_\_ (Explain) \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications (prescription and non-prescription): \_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Medical problems (i.e. Diabetes, Asthma, Seizures): \_\_\_\_\_  
\_\_\_\_\_

Usual symptoms: \_\_\_\_\_

Care or medication needed: \_\_\_\_\_

Significant past medical problems or injuries: \_\_\_\_\_  
\_\_\_\_\_

Allergies (i.e. food, bee stings, medication): \_\_\_\_\_  
\_\_\_\_\_

Usual symptoms: \_\_\_\_\_

Care or medication needed: \_\_\_\_\_

Are there any other factors that may affect your care? (If yes, be specific) \_\_\_\_\_  
\_\_\_\_\_

Other comments: (List any problems apt to occur on a trip, e.g., car sickness, nausea, back trouble, etc. Also list medications which may be taken for these problems. Also list any physical restrictions you may have.) \_\_\_\_\_  
\_\_\_\_\_

### **AUTHORIZATION FOR MEDICAL TREATMENT**

In the event I requires any type of medical assistance and/or treatment, I hereby authorize any employee and/or agent of **MESSIAH LUTHERAN CHURCH** to consent to any medical assistance and/or treatment deemed necessary by any doctor, nurse or other medical personnel.

### **PAYMENT AND INSURANCE INFORMATION**

In the event I requires medical assistance and/or treatment, I hereby guarantee payment of any and all charges incurred for such medical assistance and/or treatment.

Insurance Coverage - (You may copy the front and back of your insurance card and attach to this space rather than printing this information.)

PRIMARY INSURANCE CARRIER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

GROUP IN NAME OF: \_\_\_\_\_

NAME OF POLICY HOLDER: \_\_\_\_\_

AUTHORIZATION PHONE NUMBER: \_\_\_\_\_

SECONDARY INSURANCE CARRIER: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_  
GROUP IN NAME OF: \_\_\_\_\_  
NAME OF POLICY HOLDER: \_\_\_\_\_  
AUTHORIZATION PHONE NUMBER: \_\_\_\_\_

DENTAL INSURANCE CARRIER: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_  
GROUP IN NAME OF: \_\_\_\_\_  
NAME OF POLICY HOLDER: \_\_\_\_\_  
AUTHORIZATION PHONE NUMBER: \_\_\_\_\_

**EFFECTIVE PERIOD**

Unless sooner revoked by me, in writing, this ADULT CONSENT, RELEASE, INDEMNIFICATION AND AUTHORIZATION FOR MEDICAL TREATMENT shall be effective from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_.

**ACKNOWLEDGMENT**

I, on behalf of myself, and any of my personal representatives, assigns, heirs and next of kin, hereby represent and warrant that all statements contained herein are true and correct, that this document is of significant legal effect, and that I have had an opportunity to discuss this document with an attorney. I have completely read, fully understand, and voluntarily accept and agree to all of the above terms and conditions contained herein.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

STATE OF TEXAS           §  
COUNTY OF \_\_\_\_\_ §

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

SUBSCRIBED SWORN TO AND ACKNOWLEDGED before me by the said \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of Texas

RECEIVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

MESSIAH LUTHERAN CHURCH  
\_\_\_\_\_  
SIGNATURE

