

ADULT ACTIVITY CONSENT FORM

FIRST CONGREGATIONAL CHURCH OF WAUWATOSA

Description or title of activity: _____

Date(s) and time(s) of activity: _____

Site(s) of activity: _____

Mode of transportation (if applicable): _____

I hereby certify that I am aware of, approve of and take full responsibility for the participation of the above named person(s) in the above-described activity. Furthermore, I release First Congregational Church, and its employees, volunteers, and other agents, from any and all responsibility and legal liability for loss, damage, or injury to the person or property of the above named person(s) which may be sustained during or as a result of participation in the above described activity.

In the event of an emergency, I hereby authorize the Director of Christian Education and Youth Ministries, an advisor, or any other volunteer leader to act as agent for me in consenting to any X-ray examination, medical, dental, surgical, or psychological diagnosis, treatment, and care, advised and supervised by a physician, dentist, surgeon, psychologist or social worker licensed to practice under the laws of the state in which the services are rendered. I understand that the applicable insurance carrier(s), or I will be financially responsible for any such emergency services.

Signature of Adult Participant: _____

Date: _____ Emergency telephone numbers(s): _____

I'm attending this activity to make friends and to be a friend, to learn a little more about God, and to have fun! I understand that if I fail to follow the rules and directions given by the director, advisors, counselors, chaperones, or any other adult leaders – or if I fail to show basic respect and Christian concern toward my fellow group members, the adult leaders, or the church's property - I may be asked to leave at any time. I also realize that my attitude will largely determine the kind of experience I have at this activity, and therefore I'll do all that I can to make it a safe and fun time of recreation and learning for myself and for others.

Adult signature: _____

Date: _____

First Congregational Church of Wauwatosa may use all photo images taken in conjunction with this activity for advertising or newsletter purposes without restriction.

Adult signature: _____

Date: _____

MEDICAL INFORMATION PERTAINING TO THE PARTICIPANT(S):

Allergies: _____

Medication(s) being taken: _____

Physical handicap(s) or limitation(s): _____

Medical insurance company: _____

Group or policy number: _____

Any other information that you deem important for the activity leaders to know (continue on reverse side if needed):