



ADULT FORM

Individual Consent & Medical Release Form

This form expires September 30, 2017

Date: _____

Please print all information in Blue or Black Ink ONLY

Last Name: _____ First Name: _____ Middle: _____

Birth Date: _____ Age: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

EMERGENCY CONTACT: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Individual: _____

ADDITIONAL INFORMATION: (List any know allergies or medical conditions)

BACKGROUND CHECK & INFORMATION

I understand that by signing this form I could be subject to a background check or other investigation of my history. If I will be involved in providing transportation for minors to/from any church related event, I understand that I may be required to furnish a copy of my driver's license. I also understand that my ability to participate in some activities may be contingent on what is found in my background check.

MEDICAL RELEASE

I am responsible for my own health care decisions and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to me is legally sufficient and that no consent from any other person is required by law.

PHOTO RELEASE

I give permission for my likeness to appear in candid shots while participating at WPC with the understanding that such photos may appear in church publications, including the website, pictorial directories, brochures, or promotional DVDs.

_____ I **AGREE TO THE PHOTO RELEASE** _____ I **DO NOT AGREE TO THE PHOTO RELEASE**

I consent to participation in Westminster Presbyterian Church's activities and I expressly waive any claim for compensation or liability for any injuries or illnesses sustained during my participation.

Signature: _____