



Event: Fall Retreat - Whitewater Express Date of Event: September 1-1

STUDENT ADULT Gender: MALE FEMALE

Participant Name (Please Print): _____

Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____

Age: _____ Grade (if applicable) _____

Parent(s)/Guardian(s) Information (if participant is under the age of 18):

Name : _____ Name : _____

Phone #: _____ Phone #: _____

If applicable, list any none medical problems or allergies: _____

If under 18 years of age and will be taking medicine during this event, please list (medicine, dosage, frequency):

Medicine Dosage Frequency

Insurance Company Name: _____

Policy #: _____

Emergency Contact: _____ Relationship to Participant: _____

I Hereby give my permission for myself or my child to participate in an activity organized (herein "Event Activities") by First Presbyterian Church of Bristol, TN Inc. (herein FPC Bristol). I hereby release, hold harmless and absolve FPC Bristol, their officers, staff, sponsors, vendors, and all others who have participated in the planning, organizing and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event I or my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the FPC Bristol staff or any adult counselor acting on behalf of FPC Bristol with respect to the activity, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all my child's medical allergies, medications being taken, medical problems and other pertinent information. I hereby represent that I have, or my child has the experience and is physically and mentally capable to engage in Event Activities, and further represent that my child has no physical or mental limitations to prevent me or my child from engaging in the Event Activities. Finally, I agree that FPC Bristol may tape or photograph my child and record his or her voice during their participation in the activity. I agree that FPC Bristol will be able to use them, in whole or in part, whether in original or modified form in any manner or media, including without limitation, for the purpose of advertising, promoting, and publicizing FPC Bristol whether during the activity or thereafter.

I hereby release and discharge First Presbyterian church of Bristol, TN and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release.

Signature of Parent/Guardian or Adult Participant: _____ Date: _____