

ADULT Liability Release and Emergency Medical Consent Form
(Please Print Legibly)

I, _____, an adult/ youth chaperone hereby authorize the pastors and youth director of Bethel Lutheran Church, 312 Wisconsin Ave, Madison, WI 53703 (608)257-3577, to authorize emergency medical services for myself, the adult named above, in the event of an accident of injury, or medical emergency.

Emergency treatment expenses will be covered by myself or:

(Insurance company / Health Care Plan)

(Group Plan or Policy #)

(Employer, which carries insurance or self)

I have the following medical conditions, allergies, and or take these prescription medications:

Understanding that Bethel Lutheran Church, and its agents and volunteer drivers, will take reasonable care, **I understand that by signing below I am releasing them from any and all liability involving myself in the event of an injury, accident, theft, etc.**

I understand that any behavior unbecoming a Christian chaperone is grounds for the restriction or return of the chaperone from youth activities.

This release and consent form will remain in force until amended or revoked in writing by the participant.

Date: _____

Signed: _____

Please **Print** the following **EMERGENCY CONTACT INFORMATION:**

Home Address: _____

Home Phone: _____

Cell Phone: _____

Alternate Person to Contact: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____