

# **RELEASE OF LIABILITY / CONSENT FORM**

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily decided to participate in DRAMA Ministry's Fall 2009 through Spring 2010 sessions.

As consideration for being permitted by DRAMA Ministry to participate in these activities, I hereby agree that I, my parents, guardians, representatives and assigns will not make a claim against DRAMA Ministry or any of its affiliated organizations, employees or representatives, for injury or damage to my person or caused, by an employee, agent, representative or contractor of DRAMA Ministry or its affiliated, as a result of my participation in any DRAMA Ministry activities. In addition, I hereby release and discharge DRAMA Ministry and its affiliated organizations, employees, agents and representatives from all claims, actions or demands I, my parents, guardians, representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these activities.

***I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN DRAMA MINISTRY AND MYSELF, AND I SIGN IT OF MY OWN FREE WILL.***

SIGNATURE OF STUDENT: \_\_\_\_\_ DATED \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATED \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATED \_\_\_\_\_  
(must be signed by both parents/legal guardians)

**PRINT NAME:**

\_\_\_\_\_

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I, \_\_\_\_\_, AND I, \_\_\_\_\_, PARENT OR GUARDIAN OF \_\_\_\_\_, AGREE TO ALLOW MY CHILD TO PARTICIPATE IN THESE EVENTS OF DRAMA MINISTRY.

FATHER'S SIGNATURE: \_\_\_\_\_

MOTHER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE SIGN AND RETURN TO 241 BLIMLINE RD., MOHNTON, PA 19540 BEFORE CAMP**

## AUTHORIZATION FOR TREATMENT

The following is a legal document that will authorize any treatment necessary during Fall 2009 through Spring 2010 events with *DRAMA Ministry*. Please read this very carefully, sign in the appropriate places and make sure that parents or guardians sign for all minors.

I, or (we) the undersigned parent(s) or legal guardians of, \_\_\_\_\_, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act; or a dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from this state's Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the underwritten prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Student's Signature for Medical Release

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Father's Signature for Medical Release

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Mother's Signature for Medical Release

(Must be signed by both parents/legal guardians if under 18)

Telephone numbers of parents/guardians, or significant party in case of emergency:

Father: \_\_\_\_\_ Home: \_\_\_\_/\_\_\_\_-\_\_\_\_ Work: \_\_\_\_/\_\_\_\_-\_\_\_\_

Mother: \_\_\_\_\_ Home: \_\_\_\_/\_\_\_\_-\_\_\_\_ Work: \_\_\_\_/\_\_\_\_-\_\_\_\_

Guardian: \_\_\_\_\_ Home: \_\_\_\_/\_\_\_\_-\_\_\_\_ Work: \_\_\_\_/\_\_\_\_-\_\_\_\_

Other: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_

Does your child have any allergies or medication needs? If yes, please explain.

## VERIFICATION OF INSURANCE COVERAGE

*DRAMA Ministry* cannot be responsible for payment of any medical costs (personal or accidental) that you may incur while participating in this event, so please complete the following section with the appropriate information if it is available.

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy or group #: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have read the above information and I understand that *DRAMA Ministry* is not responsible for my medical expenses and that I am encouraged to supply my own medical insurance for this event of *DRAMA Ministry*.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Father's signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Mother's signature Date

(MUST be signed by both parents/legal guardians if under 18)