

**DISCLOSURE OF RISK; AGREEMENT OF WAIVER,  
RELEASE, AND HOLD HARMLESS (ADULT)**

I, \_\_\_\_\_ of Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ hereby agree and acknowledge the following:

1. I have been and am informed by this document that any travel, volunteer work or other activities undertaken by me in connection with First Presbyterian Church, San Antonio, Texas involves inherent risks including but not limited to loss of property, disease, illness, injury, exposure, physical and mental harm, and death which may be caused by, among other things, the elements, organisms, environmental conditions, crime, accidents, negligence and political conflict including civil war, war, land terrorism, and I further understand the nature of such risks. Furthermore, the undersigned realizes that First Presbyterian Church, San Antonio assumes no financial responsibility for lost or damaged personal items.
2. No principal, officer, agent, employee, or other person associated with acting on behalf of First Presbyterian Church, San Antonio, Texas, has disavowed or contradicted anything in this document, including the statements regarding the existence and nature of the risks involved.
3. The undersigned recognizes and acknowledges that First Presbyterian Church, San Antonio, Texas is a charitable, non-profit institution engaged in human services and relief activities. The undersigned, for me and my heirs, does hereby freely and knowingly waive any and all actions, causes of action, claims and demands for or by reason of loss of life, bodily injury loss, including, but not limited to the contraction of endemic diseases, costs, damage or expense for any act, or omission on the part of any third party upon the part of First Presbyterian Church San Antonio, Texas, or any of its officers, agents, servants or employees for anything in any way arising from or connected with, either directly or indirectly, any volunteer activities of the undersigned or of First Presbyterian Church, San Antonio, Texas. The undersigned realizes that activities which I intend to pursue entail some amount of risk or possible danger, and desire to personally assume such risks.
4. This agreement is intended to be a broad and inclusive as permitted by the laws of the State of Texas. This agreement is to be nevertheless continue in full force and effect.
5. I enter into this agreement freely and voluntarily in consideration of the permission to participate in the activities described herein and of the benefits associated with such activities. I understand that this agreement is contractual and binding upon me and my heirs, executors, administrators, or any other parties that may at some future date legally act in my behalf.
6. I have read this document and understood and agreed to all of its contents before signing it.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(city and state where signed)

\_\_\_\_\_  
(witness)

**Consent to Medical Treatment**

I hereby give my permission for \_\_\_\_\_ and other First Presbyterian advisors to authorize the rendering of medical services to me while participating in activities sponsored by First Presbyterian Church, San Antonio, Texas. I specifically grant permission for medication, admittance to a hospital and for surgery deemed by the attending physician to be necessary.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

I am covered by the following policy(ies):

Medical (company) \_\_\_\_\_ Policy & Group # \_\_\_\_\_

Hospitalization (company) \_\_\_\_\_ Policy & Group # \_\_\_\_\_

Phone # (for verification and admittance for treatment) \_\_\_\_\_

My phone (day) \_\_\_\_\_ My phone (night) \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

**IMPORTANT:** Please indicate any medical alert information on back and contact: \_\_\_\_\_