



Program Participant Release Form

_____ has my _____ permission to participate/attend
(Participant Name) (Parent/Guardian Name)

the Special Reach Inc. Party Night and/or San Antonio Adventure Program which runs from September 2019 to May 2020 at the Crown of Life Lutheran Church (19291 Stone Oak Pkwy. San Antonio, TX 78258); Arc of San Antonio- Pam Stevens Center (6530 Wurzbach Rd. San Antonio, TX 78240); and Morgan's Wonderland Event Center (5223 David Edwards Dr. San Antonio, TX 78233).

The undersigned Parent/Guardian (hereinafter, "I") understands that volunteers and staff will accompany the participants at the event, and that normal precautions will be taken in their interest for safety and well-being. This event is being held and sponsored by Special Reach Inc.

In case of emergency, I give approval and authorization for first-aid treatment and any medical treatment of the participant named above (the "Participant") by local physicians and/or hospitals, including surgical procedures. I agree to accept responsibility for payment of all charges incurred during medical treatment.

I hereby agree to release SPECIAL REACH INC. and its board members, trustees, employees, volunteers, and sponsors (collectively, the "Indemnitees"), and to indemnify and hold the Indemnitees harmless from, all claims, liabilities, and expenses (including (a) claims made by the negligence of the Indemnitees) relating in any way to the participant's participation in the event identified herein.

This signed form MUST BE RETURNED PRIOR TO PARTICIPATION IN THE PROGRAM. No participant will be permitted into this event who has not completed this form and returned it to the proper program personnel or who has altered the form in any way. Prior to your child's participation in this program, we must have a copy of their immunization records on file. **If you do not present their immunization records prior to participation, they will not be permitted into this program.** All participants must be picked-up from San Antonio Adventure Program by **3 PM** and/or Party Night by **9:30 PM**. Participants must be checked-in and checked-out by the same Parent/Guardian listed on the program registration form by presenting a state/military identification. Parent/Guardian understands the physical risks associated with the program.

Signature of Parent/Guardian

Phone Number

Printed Name of Parent/Guardian

Date



Medical Emergency Form

The information on this form will be used only in the event of a medical emergency. Please complete one for every child in your family that will attend our program.

Child's Name: _____ Date of Birth: _____

Developmental and Medical Diagnosis:

List all allergies and how your child reacts to each allergy:

Current Medication and dosage:

Physician Name: _____ Phone Number: _____

Please list two emergency contact names and numbers:

Medical Insurance Carrier: _____ Policy Holder: _____

ID/Policy Number: _____ Group Number: _____ Coverage Date: _____

Preferred Hospital Name and Address:

Any Additional Emergency Medical Personnel May Need:

In case of emergency, I give my approval and authorization for first-aid treatment to be administered to the participant named above (the "Participant ") by our staff, and any further medical treatment to be provided by emergency medical personnel and/or hospitals, including surgical procedures. I agree to accept responsibility for payment of all charges incurred during medical treatment.

I hereby agree to release SPECIAL REACH INC. and its board members, trustees, employees, volunteers, and sponsors (collectively, the "Indemnitees"), and to indemnify and hold the Indemnitees harmless from, all claims, liabilities, and expenses, (including (a) claims made by the participant named above after reaching the age of majority, and (b) claims for damages caused in whole or in part by the negligence of the Indemnitees) relating in any way to the child's participation in SPECIAL REACH PROGRAM.

This signed form MUST BE RETURNED PRIOR TO PARTICIPATION IN THE PROGRAM. No participant will be permitted into this program who has not completed this form and returned it to the proper program personnel or who has altered the form in any way.

Signature of Parent/Guardian

Printer Name of Parent/Guardian

Date