



Adult Guest Liability Consent

(effective 4/4/2016)

School:	Dates of Trip:
Printed Name:	Phone#:
Email Address:	
Emergency Contact:	Phone #:

Medical conditions/concerns you may have:

PLEASE READ AND SIGN BELOW

As a policy for the Allegheny East Conference School System, we require that Release of Liability Form be signed as a requirement to chaperone/volunteer on any school related trips (day & overnight) system wide (PK-12). I represent that I desire to attend a fieldtrip and participate in activities sponsored by Allegheny East Conference Corporation of Seventh-day Adventist ("AEC"). In consideration for AEC permitting the guest to attend the trip and participate in the activities, I have agreed to execute this Release of Liability and Assumption of Risks (the "Release").

LIABILITY RELEASE- I understand that participating in some activities while on an AEC sponsored trip involve certain risk, including the risk of serious injury. I agree that I shall assume all such risks as well as any other risks involved in any activities sponsored by or involving AEC. I also agree to release and discharge AEC and all of its employees, agents, and representatives, as well as all other persons, corporations, or other entities that might have any liability to me (the "Released Parties"), from and against any and all damages, actions, claims and liabilities, whether known or unknown, anticipated or unanticipated, suspected or unsuspected, relating to or arising from me attending the trip or being involved in any occurrence, or event connected in any way to AEC.

PUBLICITY RELEASE- I give AEC the right to use, reproduce and/or distribute photographs, films, videotapes and sound recordings of myself, without payment or approval of rights for use in materials created for promoting AEC.

HEALTH RELEASE - In the event I become unconscious or unable to make decisions for myself due to a sudden injury or illness while on an AEC trip, I hereby give AEC staff permission to request emergency medical services by calling 911 to provide emergency medical until such time as EMS arrives to assume care. I understand that I am responsible for any medical expense occurred while on the trip for emergency transport, hospital treatment or medications needed while on the trip.

I hereby agree that I have read and understand the liability statement above

Signature:

Date:



SEVENTH-DAY
ADVENTIST
CHURCH

AEC Adult Guest Liability Form