

# OLD ABILENE TOWN MEDICAL RELEASE

Participant name printed:

In the event of illness or injury during participation in an activity, event, or incurred in transit to or from an activity or event, permission is hereby granted to the attending physician to proceed with a medical procedure, x-ray examination, or emergency medical treatment of any nature for the above-named participant. In the event of serious illness, the need for medical treatment, or significant accidental injury, I understand that an attempt will be made by the attending staff/volunteers and physician to contact me in the most expeditious way possible. If said staff/volunteers and physician are not able to communicate with me, the treatment necessary for the best interest of the above named participant may be given.

In the event that an emergency arises during an activity, every effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the supervising adult to provide needed emergency treatment to the participant prior to his/her admission to the medical facilities.

The undersigned holds Old Abilene Town on behalf of Historic Abilene Inc. harmless from any liability arising out of any attempts to secure medical treatment or for any resulting medical treatment or procedure of any nature whatsoever.

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed parent name

Phone Numbers where Parent/Guardian(s) can be reached:

Home Phone

Mother's name:

Mother's Cell:

Father's name:

Father's Cell:

Alternate contact:

Alternate Contact Cell:

Name of Family Physician:

Dr. Phone number:

Allergies:

Routinely taken medications:



## MEDIA RELEASE FORM

I hereby grant permission to Historic Abilene Inc. doing business as "Old Abilene Town" to use photographs and/or video obtained during cowboy camp between the dates of June 16<sup>th</sup>-20<sup>th</sup>, 2025. These photos and/or videos may be used in publications, news releases, online advertising and in other communications related to the mission of Old Abilene Town.

Camp participants name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Printed name of Parent/Guardian: \_\_\_\_\_

Thank you!



*June 16-20, 2025*

*9AM-1PM*

(605) 839-9115 (Kobi)

(405) 837-6754 (Alex)

The cost of Cowboy Camp is \$150 per participant. Cash or check accepted. **Checks need to be made out to Historic Abilene Inc and payments must be made by June 1<sup>st</sup>. Scholarships are available. Call or text Kobi or Alex to inquire.**

**To reserve your spot, all three pages need to be filled out, and returned by: email ([oldabilenecowtown@gmail.com](mailto:oldabilenecowtown@gmail.com)) OR**

**mail PO Box 662, Abilene, KS**

**Participants must be between the ages of 6-12 during camp to participate.**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Grade for upcoming year: \_\_\_\_\_

Phone number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Please, be on the lookout for a parent information email closer to your camp date.