

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 May 20th -May 24th or June 17th – 21st, 2024. 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!



Cowboy Camp Registration

May 20-24 or JUNE 17-21

SIGN UP DUE MAY 4TH

Mail to Old Abilene Town at PO Box 662, Abilene, KS

(785) 571- 7441

The cost of Cowboy Camp is \$150 per participant. Cash or check accepted. **Checks need to be made out to Historic Abilene Inc.**

Name: _____

Address: _____

City: _____ State: _____

Grade for upcoming year: _____

Phone number: _____

Parent/Guardian: _____

Emergency contact: _____

T-shirt size: _____

Parent Email: _____

Camp dates are below: CIRCLE YOUR PREFERRED SESSION

MAY 21-24

JUNE 17-21

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