





**JEFFERSON COUNTY OPEN SPACE VOLUNTEER'S  
ASSUMPTION OF RISK, RELEASE OF LIABILITY  
AND INDEMNIFICATION**

**MEDICAL EMERGENCY CONSENT**

Note: This consent form does not obligate Jefferson County to provide any type of emergency medical services.

I, \_\_\_\_\_; with permission of my parent or legal guardian (if Participant is under the age of 18), \_\_\_\_\_, give consent for emergency medical and surgical treatment in a licensed medical facility by a licensed physician should my (my child's) condition require it. I understand that in such a case with my child that reasonable attempts would first be made to contact me, time and conditions permitting.

I confirm to Jefferson County that my (my child's) participation does not pose a hazard to my (my child's) health or that of other participants. As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated following: (if none, state NONE)

\_\_\_\_\_

I have (my child has) the following medical condition(s), which may require emergency care including allergies, and/or drug allergies: (if none, state NONE)

**Signature(s)**

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Parent's or Guardian's Signature**  
*(If Participant is under 18)*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**Emergency Contact Information for Adults and Minors**

\_\_\_\_\_  
**Primary Emergency Contact**

\_\_\_\_\_  
**Mobile Phone**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**Work Phone**

\_\_\_\_\_  
**Secondary Emergency Contact**

\_\_\_\_\_  
**Mobile Phone**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**Work Phone**

\_\_\_\_\_  
**Family Physician**

\_\_\_\_\_  
**Contact Number**