

**CONSENT FOR PARTICIPATION**  
**AND RELEASE OF LIABILITY**

By signing this form, I hereby give my consent for \_\_\_\_\_  
\_\_\_\_\_ (name and DOB) to participate in activities as part of the \_\_\_\_\_  
group/program located at \_\_\_\_\_. I understand that activities may include, but are not  
limited to: skiing, swimming, ropes course, horseback riding, hiking, visits to museums, businesses, parks,  
library, zoo, etc., and/or other similar recreational activities.

If applicable, I further give my consent for Davis Behavioral Health and its staff members to transport me to,  
from, and during activities. Transportation may include a van, bus, car, light rail, bike, walking, etc.

I understand and agree that horseplay and other inappropriate behaviors, including but not limited to foul and  
abusive language, will not be tolerated and may result in immediate discharge from the activity or program.

**By signing this form, I hereby understand and agree that I am releasing Davis Behavioral Health  
and/or any of its staff members from any and all liability and responsibility for any accidents and/or  
incidents that may occur during the above-named client's participation in activities, groups, meetings  
and/or any transportation to the aforementioned events.**

In the space below, I have listed any limitations, allergies, etc. that Davis Behavioral Health and staff  
members should be aware of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If an accident or medical emergency should occur during an activity or transportation, I hereby authorize 1)  
Davis Behavioral Health staff members and/or 2) non-DBH staff members operating the off-site program to  
seek immediate medical assistance including, but not limited to, taking me to the closest medical unit for  
treatment. Davis Behavioral Health and its staff members will notify my emergency family contacts at the  
earliest opportunity. I understand that I will be responsible for any medical expenses incurred.

My health insurance company is: \_\_\_\_\_

My health insurance number is: \_\_\_\_\_

Telephone numbers where I can be reached: (home) \_\_\_\_\_

(work) \_\_\_\_\_ (cell) \_\_\_\_\_

Printed Client Name \_\_\_\_\_

Client Signature \_\_\_\_\_

Date: \_\_\_\_\_