

# MEDICAL, LIABILITY, PHOTO RELEASE

Revised June 2013

VALID FROM JUNE 2017 – JUNE 2018

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian to notify in case of emergency \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In emergency, notify (other than parent): \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

### Allergy & Health History:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Drugs           | <input type="checkbox"/> Insect Stings   | <input type="checkbox"/> Chronic Asthma    | <input type="checkbox"/> Epilepsy/Nervous Disorders |
| <input type="checkbox"/> Hay Fever       | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Frequent Colds    | <input type="checkbox"/> Frequent Stomach Upsets    |
| <input type="checkbox"/> Other Allergies | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Physical Handicap |   |

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Name and dosage of any medications that must be taken \_\_\_\_\_

I give permission for my child to receive over the counter medicines (i.e. Tylenol, Pepto-Bismol, cough medicines) when needed.

Yes  No Any activity restrictions?  Yes  No What restrictions: \_\_\_\_\_

If your child should require medical attention for injuries received or illnesses contracted prior to this activity/trip, please send along the information necessary to give your child proper medical service during this activity/trip. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity/trip.

Do you have health insurance?  Yes  No Name of insurance company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Authorization phone number (if required for treatment) \_\_\_\_\_

**Voluntary Participation:** I, \_\_\_\_\_ (print your first and last name), acknowledge that I have voluntarily decided to allow my child, \_\_\_\_\_ (print child's first and last name), to participate in the activities listed below, which are sponsored by Calvary Church of Santa Ana (CCSA), between June 1, 2017 and June 30, 2018.

**Assumption of Risk:** I am aware that no recreational activities are without the possibility of unforeseen hazards. I understand that certain activities have the inherent possibility of risk and it is impossible to list all such risks. I am aware that football, basketball, soccer, baseball, dodge ball and relay games, broom hockey, skiing, snow tubing, ice-skating, snowboarding, boating, water skiing, wakeboarding and tubing, use of personal water craft, biking, rappelling, capture-the-flag game at night, riflery, volleyball, roller-skating/blading, skate boarding, swimming, surfing, car rallies, paintball, and building projects ("the ACTIVITIES") are potentially hazardous. I am voluntarily allowing my child to participate in the ACTIVITIES with the knowledge of the possibility of danger involved, and hereby agree to accept any and all risks of injury or death to my child, and verify this statement by initialing here \_\_\_\_\_.

**Liability Release:** As consideration of CCSA permitting my child to participate in the ACTIVITIES, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make claim against, sue, or attach the property of CCSA, any of its affiliated organizations, or any of its Elders, Trustees, employees, volunteers, or agents for injury, death, or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of CCSA or any of its affiliated organizations as a result of my child's participation in the ACTIVITIES. I hereby release CCSA, its affiliated organizations, its Elders, Trustees, employees, volunteers, and agents from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my child's participation in the ACTIVITIES. I further acknowledge and agree that CCSA shall not be liable for any injury, death, damage to my child resulting from any activity in which my child participates which is outside of the scope of those ACTIVITIES that are sponsored and sanctioned by CCSA.

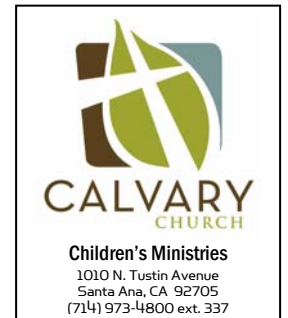
**Authorization for Medical Treatment:** In the event I cannot be reached in an emergency, I hereby authorize the physician and/or dentist selected by CCSA to hospitalize, secure proper medical and/or dental treatment and/or order an injection, anesthesia, or surgery for me or my child as deemed necessary. I also authorize CCSA to administer medical aid as required for illness or injury under a physician's orders.

**Photo Release:** I give permission for my child to be photographed and/or videotaped for future promotional materials including web site postings. I do so without expectation of compensation and with the understanding that these photographs and video images will be used exclusively by CCSA for its publications, web site, and publicity purposes.

**Potential Claims Not Covered By This Release:** I understand that, pursuant to California law, by executing this RELEASE FROM LIABILITY, I am not waiving my rights or my child's rights with regard to any potential claims that may arise from the fraudulent, intentional, and/or criminal conduct of CCSA, any of its affiliated organizations, or any of its Elders, Trustees, employees, volunteers, or agents.

**Knowing and Voluntary Execution:** I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and CCSA and sign it of my own free will.

It is also acknowledged that if my child has to return home early for discipline violations it will be at the parent's/guardian's expense.



\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Relationship to Child)