

PARTICIPANT'S INFORMATION

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

Date Of Birth: \_\_\_/\_\_\_/\_\_\_ Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Address \_\_\_\_\_

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

EMERGENCY NUMBERS—Additional #'s to call in emergency (cell,work)

Name Phone Number Comment

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

HEALTH INFORMATION - Health/Medical Insurance Co.: \_\_\_\_\_ Policy / Medical # \_\_\_\_\_

Check any that apply:

Asthma

Diabetes

Epilepsy

Hyperactivity

Heart condition

Allergies: (Including allergies to medicine) \_\_\_\_\_

Specify Normal Medication: \_\_\_\_\_ Dosage \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_(year)

Activity Restrictions / Additional information: \_\_\_\_\_

For more detailed information, please use back of this form

RELEASE OF LIABILITY

As the parent or guardian of the above named minor it is my intention by this agreement to exempt and relieve Orchard Avenue Baptist Church (hereafter OABC) and its officers, servants, agents, or employees from liability for personal injury, property damage, or wrongful death of named minor caused by any act of negligence of OABC and its officers, agents, servants, or employees.

For and in consideration of permitting named minor to observe, or use any facility or equipment of OABC, or engage in and/or receive instruction in any activity or activity incidental thereto some of which may involve dangers and risk of bodily injury I hereby voluntarily and absolutely release, discharge, waive, and relinquish any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to named minor as a result of named minor's observing or using facilities or equipment of OABC, or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue.

The undersigned parent or guardian of the above named minor for him/herself, his/her heirs, executors, administrators, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against OABC or its officers, agents, servants, or employees, the undersigned parent or guardian will indemnify and hold harmless OABC and its officers, agents, servants, or employees from any and all claims or causes of action by named minor or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or guardian of named minor present any claim against OABC and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by OABC and said persons.

The undersigned parent or guardian represent that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and agree to this release of liability

▲INITIA

AUTHORIZATION FOR MEDICAL TREATMENT

As the parent or legal guardian of the above named minor (hereafter "my child"), I hereby authorize OABC and his/her officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities of OABC into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child under Sections 6901, 6902, and 6910 of the California Family Code. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize OABC and its officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities to receive physical custody of my child, under Section 1283 (a) of the California Health and Safety Code, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to OABC's officers, agents, servants, or employees that are 18 years of age or older who supervise said activities.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the supervisor or his/her authorized designee, in the exercise of his/her best judgment, upon advice of such physician, dentist, and surgeon, may deem advisable.

I have read and agree to this release of liability

▲INITIA

Parent / Guardian Signature

Valid for:  All Activities (default)  Only for the Following Activity(ies) \_\_\_\_\_  Only for the Following Dates \_\_\_\_\_

I, the undersigned, am the parent or legal guardian of the above named minor or am the participant named above and am an adult of at least 18 years of age. By signing below I am stating agreement with both the medical and liability release statements above.

PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

**SIGN**

Signature

Printed Name

NOTE: Drivers who transport minors for scheduled and approved activities will be at least 25 years of age