



Medical Consent & Release of Liability

*This is a digital PDF. You may click on each section to type your information.
When finished, save the document and attach to an email to send.*

Attendee _____ Phone _____

Birthdate _____ Age _____ Sex _____ Grade _____

Address _____ City _____ State _____ Zip _____

Emergency Information (Parent or Guardian if minor)

Name _____ Home # _____ Work# _____ Cell# _____

Alternate _____ Home # _____ Work# _____ Cell# _____

Allergic Reactions _____

Problems/OtherHealthConcerns _____

Insurance Information

Insurance Carrier _____ Policy # _____

Consent: I consent to having Malibu Presbyterian Church, its agents or representatives (hereafter collectively referred to as "MPC"), arrange or provide for the following when I/dependant participate in any event that MPC conducts, sponsors, or participates in (hereafter "event"). The event is: _____

1. Transportation (bus, van, or car) to and from the aforementioned event and/or any transportation required on account of a medical exigency.
2. Any health care treatment, including dental and hospitalization, deemed necessary and/or rendered by or under the direct supervision of a licensed health care provider.

I give this consent in advance for the express purpose of authorizing and empowering agents and or representatives of MPC to give consent, when required, for such health care treatment and transportation.

Release From Liability: I hereby release MPC from any and all liability for claims of negligence whenever and wherever they may arise. In addition to this general release, I further release MPC from all claims of negligence relating in any way to the event. The term event shall be broadly construed to include transportation to and from the event and any personal side trips before, after, or during the course of said event.

Assumption of the Risk: I know and understand there are inherent risks associated with this event, and all activities related thereto, including transportation and the aforementioned health care treatment. I knowingly, voluntarily, and willingly assume all risks pertaining to them and personally assume full financial responsibility for all healthcare treatment and related transportation reasonably required.

Participant Signature (Circle: Adult or Minor) _____ Date _____

Parent/Guardian of Minor Signature _____ Date _____