



PARENT/GUARDIAN CONSENT TO MEDICAL, DENTAL OR HOSPITAL CARE

I, _____ am the parent or legal guardian of _____
(NAME OF PARENT OR GUARDIAN) (NAME OF MINOR)
(hereinafter "my child") who was born on _____.

I consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care under the general special supervision and upon the advice of or to be rendered by a physician or surgeon licensed under the Medical Practice Act for my child. I further agree to pay all charges for the dental, medical or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

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 or surgeon may deem advisable.

Dated: _____

Event: _____

(SIGNATURE OF PARENT OR GUARDIAN)

(PRINT NAME OF PARENT OR GUARDIAN)

Parent/Guardian		
Address		
City	State	Zip
Home Phone No.		Work Phone No.
Medical/Health Insurance Company		Insurance Policy No.
In Case of Emergency Notify		Relationship to minor
Emergency Phone No.		
Allergies/Allergic reactions of my child		
Medicine being taken by my child		
Other information regarding my child's health that a doctor should know		

**RELEASE, WAIVER & INDEMNITY AGREEMENT
NEW LIFE COMMUNITY CHURCH OF FAIR OAKS, INC.**

IT IS THE INTENTION OF _____ BY THIS AGREEMENT TO EXEMPT AND
(PARENT OR GUARDIAN OF MINOR)

RELIEVE NEW LIFE COMMUNITY CHURCH OF FAIR OAKS, INC. AND ITS OFFICERS, AGENTS, SERVANTS
OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH
OF _____ CAUSED BY ANY ACT OF NEGLIGENCE OF NEW LIFE

(NAME OF MINOR)
COMMUNITY CHURCH OF FAIR OAKS, INC. AND ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES.

For and in consideration of permitting _____ to observe or use any facility or equipment
(NAME OF MINOR)

of New Life Community Church of Fair Oaks, Inc. or engage in and/or receive instruction in any activities or activities
incidental thereto—**SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY**—at New Life
Community Church of Fair Oaks, Inc. in the city of Fair Oaks, County of Sacramento and State of California, beginning
on the day of _____, 2020, the undersigned parent and/or guardian of _____

(NAME OF MINOR)

hereby voluntarily and absolutely releases, discharges, waives and relinquishes any and all loss or damages or
actions or causes of action for personal injury, property damage, or wrongful death occurring to

_____ as a result of _____ observing or using facilities of New Life Community
(NAME OF MINOR) (NAME OF MINOR)

Church of Fair Oaks, Inc. 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 _____, for him/herself, his/her heirs, executors,
(NAME OF MINOR)

administrators or assigns, agrees that, in the event any claim for personal injury, property damage or wrongful death
shall be prosecuted against New Life Community Church of Fair Oaks, Inc. or its officers, agents, servants or
employees, the undersigned parent or guardian will indemnify and hold harmless New Life Community Church of
Fair Oaks, Inc. and its officers, agents, servants or employees from any and all claims or causes of action by
_____ or by any other person or entity, by whomever or wherever made or presented,

(NAME OF MINOR)

and under no circumstances will the undersigned parent or guardian of _____ present
(NAME OF MINOR)

any claim against New Life Community Church of Fair Oaks, Inc. and said persons for personal injuries, property
damage, wrongful death or otherwise, caused by any act of negligence by New Life Community Church of Fair
Oaks, Inc. and said persons.

The undersigned parent or guardian represents 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/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.

Dated: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

Print name of parent or guardian: _____

MEDIA IMAGE CLEARANCE

☐ I give my permission to use photos and video images taken of _____ at NLCC by the NLCC Staff to
be used for publicity and promotions for NLCC. NLCC has no financial commitment or obligations to me. I expressly release and
indemnify NLCC and NLCC Staff from any and all claims known and unknown arising out of, or in any way connected with, the
above granted uses and representations.

☐ No, I do not give my permission to use photos and video images taken of my child.

SIGNATURE OF PARENTS OR GUARDIAN: _____ Dated: _____