



**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: \_\_\_\_\_, 2017

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 RELIEVE NEW LIFE  
(PARENT OR GUARDIAN OF MINOR)  
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  
(NAME OF MINOR)  
ACT OF NEGLIGENCE OF NEW LIFE 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 of  
(NAME OF MINOR)  
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 \_\_\_\_\_, 2017,  
the undersigned parent and/or guardian of \_\_\_\_\_ hereby voluntarily and absolutely releases,  
(NAME OF MINOR)

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  
(NAME OF MINOR) (NAME OF MINOR)

New Life Community 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  
(NAME OF MINOR)

or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or guardian  
of \_\_\_\_\_ present any claim against New Life Community Church of Fair Oaks, Inc. and said persons for  
(NAME OF MINOR)  
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: \_\_\_\_\_