



Calvary Chapel Calabasas Youth Ministry Activities

Medical and Liability Release Form

Name of Student: _____ Grade: _____

Date of Birth: ____/____/____ Age: _____ School: _____ Street Address: _____ City/Zip: _____ Parent's Best

Phone Contact: _____ Student's Phone: _____ Parent's Email: _____

_____ Medical

Insurance: _____ Group/ Policy Number: _____ In emergency, notify:

_____ Phone: _____ Activity Restrictions yes

no. If yes, please describe: _____

Allergies: _____ My

student may ride in the vehicle of an approved adult Student Ministry leader: Yes No

Medical and Liability Release Agreement Every activity sponsored by this church is carefully planned and adequately supervised by Calvary Chapel Calabasas approved adults. However, even with the best of planning and precaution, unforeseen events can occur. Please carefully read the agreement of liability and medical release. IN CONSIDERATION of being permitted to participate in any way in Calvary Calabasas sponsored activities, I, the parent or legal guardian, acknowledge, appreciate, and agree that:

1. I, the parent or legal guardian, knowingly and freely assume all risks and hazards inherent to any church-related activities, both known and unknown, and assume full responsibility for my child's participation and;
2. I, for myself on behalf of my heirs, assigns, executors, administrators, legal representatives and next of kin, HEREBY RELEASE ALL LIABILITY AND HOLD HARMLESS CALVARY CHAPEL CALASBASAS, or it's employees or volunteer assistants for: a) any personal injury caused by a1) my child, a2) any conduct of church's representative or other students, b) disability or illness, c) death, d) loss or damage to person or property, whether caused solely or partly by the negligence, intentional acts, or willful conduct of the activity provider, and;
3. By this Agreement, I authorize Calvary Chapel Calabasas staff or volunteer to administer First Aid to my child (including over-the-counter-medicines) required to treat illness or injury. The signature of the parent or guardian below is intended to serve as a medical release, and;
4. Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian of a minor may authorize in writing any adult person into whose care the minor had been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to a X-ray examination, anesthetic, dental or surgical diagnosis or

treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. (California Civil Code Section 25.8: Added Stats. 1965, c.1524, p. 3616, s1), and; 5. I certify that my child is able to physically, mentally, emotionally participate in church-related activities unless otherwise listed in the "Activity Restrictions" written above, and; 6.I certify that my student may be featured in pictures/videos/recordings for church-related promotions (i.e. social media, flyers, etc.), and; 7. I HAVE CAREFULLY READ THIS AGREEMENTS AND FULLY UNDERSTAND ITS CONTENTS. I am aware that this form is both a release of liability and medical release. I am signing it of my own free will and voluntarily without any inducement. This authorization shall remain effective until terminated in writing and delivered to a staff person at Calvary Chapel Calabasas . Any incidents that occur prior to written termination of liability will remain under the release terms of this signed agreement. Parent Signature: _____ Date signed: _____
Parent Name Printed: _____ Student
Signature: _____ Date signed: _____