



1363 W Linden St. Riverside, CA 92507

## Medical, Liability, and Photo Release Form

This form shall remain effective for two years from signature date.

Both sides of Form must be Completed

Student's Printed Name

\_\_\_\_\_Initial Release of Liability for all Bridges Church Events and activities. I hereby release, forever discharge and agree to hold harmless Bridges Church of Riverside, Ca (hereinafter called "Bridges"), its agents, pastors, directors, employees, representatives, and volunteers from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occur during any Bridges activities. Furthermore, I hereby assume all risk and personal injury, sickness, death, damage, and expenses as a result of participation in these activities. I further agree to hold harmless and indemnify Bridges, its pastors, directors, employees, or volunteers, for any Liability Sustained as a result of the negligent, willful, or unintentional acts of the above named child, including expenses incurred attendant thereto. Pursuant to Section 25.8 of the Civil Code of California, I hereby authorize the adult sponsor of Bridges to consent to x-ray examination, anesthesia, medical, dental, or surgical diagnosis and or treatment and hospital care under general or specific supervision and advise of physician, dentist or surgeon licensed to practice in the state of treatment, when the need for such treatment is immediate and efforts to contact me are unsuccessful. I understand and agree I am financially responsible for any care so procured. This authorization shall remain in effect for two years from the dated signed.

\_\_\_\_\_Initial Photo Release Form for all Bridges Church Events and activities.

I understand photograph(s) or Video or audio recording(s) may be taken of my child and/or me by agents, employees, or representatives of Bridges during Bridges Activities. I hereby irrevocably authorize and give permission for Bridges to copy, exhibit, publish, or distribute any and all such images and audio for purposes of publicizing and distributing information about Bridges Religious services, ministry, and educational activities or programs or for any other lawful purpose. In addition, I waive my Right to inspect or approve the finished product, including written copy, wherein these images or audio appear. I hereby hold harmless and release and forever discharge Bridges from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I hereby Certify that I am the parent or guardian of the minor named above, and go hereby give my consent without reservation to the foregoing on behalf of this person and for myself

Signature of Father/Guardian

Printed Name

Date

Signature of Mother/Guardian

Printed Name

Date

Address/City/State/Zip

Home Phone

Cell phone



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Students Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Parents' Cell Phone Numbers: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Mom's Work Phone: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Dad's Work Phone: \_\_\_\_\_

Person to Contact if Parent Cannot be Reached: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Insurance Information** Insurance Company/ Group No.: \_\_\_\_\_

Claim Office Address: \_\_\_\_\_

Claim Office Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Medical Information** Special Medical Condition of Minor such as Diabetes, Allergic Reactions, & Medications

Currently Using: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Tetanus-Toxoid Booster: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Will the minor Require any medication during the event? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, List the Medications: \_\_\_\_\_

Dosage/ Frequency: \_\_\_\_\_ Minor Administers? \_\_\_\_\_

Yes \_\_\_\_\_ No Needs Help: Adult Administers? \_\_\_\_\_ Yes \_\_\_\_\_ No