

CHRIST FIRST BAPTIST CHURCH
Waiver & Release
January – December 2021

I assume all risks associated with my child's participation in leagues, retreats, camps, team sports, alternative sports, Cody's Courtyard activities, and all activities participated in, while on or off the church property including, but not limited to: falls, contact with sports equipment, other participants or other objects; the effects of the weather including high heat and/or humidity, the conditions of the court and rink, and transportation to and from events. I know that playing basketball, hockey, volleyball, tennis, skateboarding, and in-line skating are potentially hazardous activities. All such risks are known and appreciated by me. Knowing these facts, and in consideration of my child's participation your program, I hereby for myself, my heirs, executors, administrators and anyone who might claim on my behalf, agree not to bring such claim and waive, release and discharge Christ First Baptist Church of Covina its agents, officers, employees, coaches or assigns from any and all claims arising out of, or in the course of, my or my child's participation in these activities. [This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.] I expressly waive all my rights under Section 1542 of the California Civil Code which reads as follows: [Certain claims not affected by general release] A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

I HAVE READ THE ABOVE AND CERTIFY MY AGREEMENT BY MY SIGNATURE BELOW.

Name of Participant	Date of Birth of Participant	
Parent or Legal Guardian (Please Print)	Date	
Signature of Legal Guardian	Email	
Home Phone	Work Phone	
Pager/Cell phone	School	Grade
Home Address	City	Zip
Emergency Contact Name (Please Print)	Emergency Phone	

I hereby agree to follow and uphold all verbal, written, and posted rules, regulations, and conducts of behavior. The following are included as prohibited behaviors applying to participation in any and all activities of Christ First Baptist Church of Covina and Cody's Courtyard: disrespect towards any person (students and staff), profanity, alcohol, tobacco, vandalism, trespassing, violence, theft, dishonesty, or any other offensive action. By signing below I assume all responsibility for the knowledge of and compliance with all rules and regulations, including full consequences attached to these behaviors.

Parent/Guardian _____ Participant _____

Please feel free to direct your questions and comments to:
Christ First Baptist Church – 200 N. Second Avenue – Covina, CA 91723 – (626)339-7378

*****CONTINUED ON BACK OF FORM *****

CHRIST FIRST BAPTIST CHURCH
200 NORTH SECOND AVE., COVINA, CA 91723

AUTHORIZATION AND CONSENT TO TREAT MINOR
PURSUANT TO CALIFORNIA CIVIL CODE, SECTION 25.8

Name of Participant

Date of Birth

The undersigned do hereby authorize CHRIST FIRST BAPTIST CHURCH OF COVINA, its PASTORS OR THEIR REPRESENTATIVES as agents for the undersigned to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the MEDICINE PRACTICE ACT or of any dentist licensed under the DENTAL PRACTICE ACT, at a hospital or elsewhere.

In the absence of parent of guardian, the above-mentioned agent is authorized to make decisions concerning the positive health and welfare of this minor.

This authorization will remain effective while the above minor is in the care of:
CHRIST FIRST BAPTIST CHURCH OF COVINA, ITS PASTORS OR THEIR REPRESENTATIVES.

First aid and non-prescription medication will be administered at the adult leaders' discretion, with the following exceptions. _____

Medication that the above-mentioned minor is required to take will be turned over to the adult leader in charge of the group. Type of medication and specific instructions:

Allergy, including reactions to medication: _____

Activity/Diet restrictions: _____

Additional information that the adult leader should be aware of: _____

Immunization: Date of last Tetanus shot _____

Physician _____ Phone (_____) _____

Insurance _____ Policy # _____

Father or Guardian

Mother or Guardian

Date

Witness

Parent or Guardian's Address

(_____) _____
Home Phone

(_____) _____
Other Phone