CHINESE BAPTIST CHURCH OF CENTRAL ORANGE COUNTY
LIABILITY RELEASE & PERMISSION FOR MEDICAL TREATMENT FOR MINOR

Last Name of Minor _____ First Name _____ Date of Birth (MM/DD/YY) _____

Address _____ City _____ State _____ ZIP Code _____ Phone # (with Area Code) _____

RELEASE FROM LIABILITY & AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF MINOR FOR:

Specific Church-Sponsored Event: Description _____

Duration: (MM/DD/YY) _____ to _____

RELEASE FROM LIABILITY:

(We) (I), the undersigned, parent(s) / legal guardian(s) of above-named minor, assume all risks and hazards incidental to the conduct of the activities and / or transportation to and from the area (i.e., Church site or the special event site) of activities. (We) (I) do hereby release, absolve, indemnify, and hold harmless the Church, its agents, the organizers, sponsors, and any of the supervisors appointed by them, from any and all loss, injury, or other damage to us or the above-named minor arising out of Church or special event activities. In case of injury to the above-named minor, (we) (I) hereby waive all claims against the Church, its agents, the organizers, sponsors, or any of the supervisors appointed by them. (We) (I) likewise release from responsibility any person transporting the above-named minor to and from Church or the special event area.

PERMISSION TO CONSENT TO MEDICAL TREATMENT OF MINOR:

(We) (I), the undersigned, parent(s) / legal guardian(s) of above-named minor, do hereby authorize the Chinese Baptist Church of Central Orange County Youth Ministry Leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provision of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

(We) (I) shall be liable and agree to pay all costs and expenses incurred in connection with such medical services rendered to the above-named minor pursuant to this authorization. (We) (I) also give (our) (my) permission for the above-named minor to be transported by an adult, for medical treatment, in any vehicle designated by the adult in whose care the minor has been entrusted for the activities at Church or at the special event.

This RELEASE / PERMISSION shall be in effect as indicated above. "Annual Release" shall be in effect for the duration stated unless revoked by the undersigned in writing and hand-delivered to the aforementioned agent(s).

Name of Father / Legal Guardian _____ Signature of Father / Legal Guardian _____ Date (MM/DD/YY) _____

Name of Mother / Legal Guardian _____ Signature of Mother / Legal Guardian _____ Date (MM/DD/YY) _____

Daytime Phone # with Area Code (Father): _____ Evening Phone # with Area code (Father): _____

Daytime Phone # with Area Code (Mother): _____ Evening Phone # with Area code (Mother): _____

In the event that neither father nor mother can be reached, whom would you like to be called?

Name _____ Phone # with Area Code: _____

Doctor's Name: _____ Phone # with Area Code: _____

Medication(s): _____

(Indicate medication(s) taken on a regular basis)

Allergies: _____

Primary Insurance Carrier: _____ Policy # _____

Other Information and / or Instructions: _____