



## 2019 Adventure Week Liability and Medical Release Form

### Minor Participant Information:

_____	_____	____/____/____	_____	<b>M F</b>
LAST NAME (please print)	FIRST NAME	DATE OF BIRTH	GRADE	SEX (circle)

RELEASE OF LIABILITY: I the parent or legal guardian of this Minor Participant (listed above) do hereby grant my permission for the Minor Participant to attend and participate fully in all 2019 Adventure Week activities sponsored by Christ Community Church of Laguna Hills. Furthermore, I, on behalf of the Minor Participant, hereby assume all risk as a result of participation and forever discharge and agree to hold harmless Christ Community Church of Laguna Hills, its pastors, elders, board members, directors, employees, volunteers, teachers, and sponsors from any and all liability, claims, demands, and expense for accidental 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 Minor Participant while participating in church activities.

MEDICAL TREATMENT PERMISSION: In the event the Minor Participant (listed above) suffers an illness or injury that requires medical attention, I give Christ Community Church of Laguna Hills the authority to obtain whatever medical attention is deemed necessary, and release and hold harmless Christ Community Church of Laguna Hills, its pastors, elders, board members, directors, employees, volunteers, teachers, and sponsors of any liability related to obtaining that medical attention. I understand Christ Community Church will make a reasonable attempt to contact me as soon as possible following the need for medical treatment for the Minor Participant. In the event treatment is required from a physician and/or hospital personnel designated by Christ Community Church of Laguna Hills, I agree to release and hold the physician and/or hospital personnel harmless from any claims, demands, or suits for damages related to their acceptance of this document as consent to provide treatment. I also acknowledge I will ultimately be responsible for the cost of any medical care. I further authorize Christ Community Church of Laguna Hills, or any sponsor in whose care the Minor Participant has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the Minor Participant under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I, the undersigned, have read this Release and Consent form and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (must be the same as printed below)

\_\_\_\_\_  
DATE .....

### Parent/Guardian Information:

\_\_\_\_\_  
NAME (print)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
BEST PHONE/CELL NUMBER TO REACH YOU

\_\_\_\_\_  
ALTERNATE NUMBER

\_\_\_\_\_  
ALTERNATE PERSON TO CONTACT IF YOU CANNOT BE REACHED

\_\_\_\_\_  
ALTERNATE PERSON'S PHONE/CELL NUMBER

### Medical Information for Minor Participant:

\_\_\_\_\_  
INSURANCE COMPANY (attach copy of card if possible)

\_\_\_\_\_  
POLICY/GROUP NUMBER

\_\_\_\_\_  
ANY ALLERGIES TO MEDICINE OR OTHER ALLERGIES (list)

\_\_\_\_\_  
CURRENTLY TAKING ANY MEDICATION (list)

\_\_\_\_\_  
ANY MEDICAL CONDITIONS WE SHOULD KNOW OF (list)

\_\_\_\_\_  
ANY ACTIVITY RESTRICTIONS WE SHOULD KNOW OF (list)