

**Christian Worship Center**  
**Family Ministries**  
**Emergency Release Form (2022-2023)**



Child/Student Name \_\_\_\_\_ Gender: Male Female

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade Level \_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student's Cell Phone# \_\_\_\_\_ Student's Email \_\_\_\_\_

**Parent(s)/Guardian(s) Information:**

1) Name \_\_\_\_\_ Contact Number \_\_\_\_\_

2) Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Best Contact Email \_\_\_\_\_ Home Church \_\_\_\_\_

List adults authorized to sign out child: \_\_\_\_\_

My child is EXCLUDED from release to the following persons: \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_ Phone# \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Does your child carry an Epi Pen? YES \_\_\_\_\_ NO \_\_\_\_\_

List allergies, medical conditions, special needs: \_\_\_\_\_

**MEDICAL RELEASE**

I hereby release, forever discharge and agree to hold harmless, Christian Worship Center, its pastors, employees, and volunteers, from any and a 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 activities. Furthermore, I hereby assume all risk and personal injury, sickness, death, damage and expenses as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify Christian Worship Center, its pastors, employees and volunteers, for any liability sustained by said church as the result of the negligent, willful or intentional acts of the above named child, including expenses incurred attendant thereto.

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ herein authorize the adult sponsor of Christian Worship Center to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, on the advice of any physician or surgeon licensed to practice in the state of treatment, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful. This includes the transport of my child to and from church-related functions and events.

This authorization is given pursuant to Section 25.8 of the Civil Code of California, and shall remain effective until January 1<sup>st</sup>, 2023.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SIGNING THIS CARD INDICATES THAT YOU ARE GIVING US PERMISSION TO USE VIDEO AND PHOTOGRAPHY OF YOUR CHILD IN CHRISTIAN WORSHIP CENTER MATERIALS, PUBLICATIONS, & PROMOTIONS. DETAILED PERSONAL INFORMATION IS NOT USED ON THE WEBSITE. IF YOU DO NOT AUTHORIZE YOUR CHILD'S IMAGE TO BE USED IN CWC PUBLICATIONS AND PROMOTIONS, PLEASE MARK THIS BOX. ☐

Synergy Kids

Please Circle which group you are signing up for:

Kulture Youth Group