

**2018 Liability Release and Authorization for
Medical Release Form (Minors)**



GRACE
COMMUNITY CHURCH
— SEAL BEACH —

Name of minor: _____ Date of Birth: _____

Street Address: _____

City: _____ Zip: _____

IMPORTANT: PLEASE READ

I hereby release, forever discharge and agree to hold harmless, Grace Community Church of Seal Beach (GCC), its pastors, elders, employees 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, which may be incurred by the undersigned legal guardian/parent/authorized family representative, and the above named minor during any church sponsored activity. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation by the above named minor in these activities. The undersigned further agrees to hold harmless and indemnify GCC and the above named representatives, for any liability sustained by said church as the result of negligent, willful, or intentional acts of the above named minor.

Furthermore, I, the undersigned, herein authorize adult sponsors of GCC activities 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 authorization given pursuant to Section 25.8 of the Civil Code of California, and shall remain effective up to the above named minor's 18th birthday, unless revoked in writing and delivered to the office of GCC.

Required Information

I have read and understand the above statement of Liability & Medical Release

Signature of parent/legal guardian/authorized representative:

(print) _____

(sign) _____ Date: _____

Physician: _____ Physician's phone: _____

Medical insurance company: _____

Policy #: _____

Date of last Tetanus shot: _____ Current medications: _____

Other medical conditions: _____

Emergency Contact Information

Primary contact: _____ Phone: _____

Secondary contact: _____ Phone: _____