

# **Calvary Chapel Into the Light**

## **Medical Treatment Consent & Liability Release Form for Minors (California Civil Code Section 25.8)**

It is my desire that my child/ward participate in the Blueprint Youth Ministry Outing/Excursion/Activity, therefore:

1. The undersigned parent/guardian of \_\_\_\_\_ do hereby authorize the adult sponsor Calvary Chapel Into the Light or any responsible adult bearing this written authorization, into whose said care the above minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical/dental care is to include, but not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed doctor or dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician or dentist in the exercise of his best judgment my deem advisable. This authorization shall include transportation to receive the medical or dental care.

### **FINANCIAL RESPONSIBILITY**

2. In the event of injury or illness to my child/ward. I agree that I/we and my healthcare insurer shall be financially responsible for any medical treatment required by my child/ward as a result of any injury or illness suffered during his/her participation in any church related activities.

### **RISK**

3. I am aware that the activities that may take place (Athletics, games, travel, hiking, climbing, projects, roller coasters, hobbies, rope courses, skiing, mountain boarding, whitewater rafting, jetskiing, and any other related activities) may involve some hazard. I have considered theses risks and I still wish my child/ward to participate. In consideration of my child's/ward's participation in these activities, I agree not to bring legal action against Calvary Chapel Into the Light, its staff or sponsor as a result of any injuries in the course of my child's/ward's participation.

### **DISPUTE**

4. In the event that a dispute rises between myself and Calvary Chapel Into the Light concerning injuries to my child/ward, then I agree that the dispute shall be resolved by a Christian arbitrator acceptable to both sides. The cost of the arbitrator is to be shared equally by the parties. All applicable statutes of limitation shall apply and arbitration must be requested within the appropriate period to preserve a right to recovery.

**(TERM OF AGREEMENT)**

This authorization will remain in effect until the end of the calendar year while the minor above is en route to or from or involved or participating in any program or activity authorized by Calvary Chapel Into the Light, unless revoked by the undersigned in writing and delivered to the agent of Calvary Chapel Into the Light.

Date\_\_\_\_\_

Name (child/ward)\_\_\_\_\_Date of Birth \_\_\_\_\_Sex \_\_\_\_\_

Address \_\_\_\_\_Grade \_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

**Emergency Information**

Parent/Guardian\_\_\_\_\_Home/Cell#\_\_\_\_\_

Work# \_\_\_\_\_

Doctor's Name\_\_\_\_\_Doctor's Phone# \_\_\_\_\_

Medical Ins. Company \_\_\_\_\_Policy# \_\_\_\_\_

**Medical Information (circle those that apply)**

Drug Allergies	Asthma	Hay Fever	Insect Allergies
Diabetes	Heart Condition	Chronic Asthma	Epilepsy Seizure Disorder
Nervous Disorder	Physical Disorder	Emotional Disorder	Other_____

Date of last Tetanus shot \_\_\_\_\_

If you circled any of the above conditions please give details or special needs:

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Signature of Parent or Legal Guardian \_\_\_\_\_

I, \_\_\_\_\_, agree and understand that by typing my name above, I am electronically signing this form and that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.