

MEDICAL AND LIABILITY RELEASE FORM - MINOR - 2017

Name _____ Birthdate ____/____/____ Grade _____
Last First Middle Initial (Month/Day/year) (If Summer, in upcoming Fall)

Address _____
Number and Street City & State Zip

Father _____ Phone: (H) _____ (W) _____ (C) _____
 Mother _____ Phone: (H) _____ (W) _____ (C) _____

In Emergency, Notify: _____ Phone: _____
 Doctor _____ Phone: _____

Allergic Reactions: Drugs Insect Stings Other _____
 If you have checked any of the above, please give details (i.e., include normal treatment): _____

Immunizations (please write the year each immunization was last received. If never received said immunization, please write "N/A")
 Tetanus: _____ Diptheria: _____ Pertussis: _____ Measles/Mumps/Rubella: _____ Polio: _____ Chicken Pox (VAR): _____ Hepatitis B: _____

Medications: Name and Dosage/Times: _____

Any swimming restrictions? Yes No Any activity restrictions? Yes No
 Please explain if answer was yes _____

The church's insurance is no substitute for medical insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? Yes No Insurance Company _____
 Policy Number _____

AUTHORIZATION AND RELEASE AGREEMENT

I, the undersigned, represent and acknowledge that I am the parent or legal guardian of the minor named on this form ("Minor"), and that I am authorized on behalf of myself, Minor and our heirs, assigns and next of kin, to hereby enter into this authorization and release agreement ("Agreement"), in order for and IN CONSIDERATION OF Minor being able to participate in any church-related activities ("Activities") of Fellowship Church, Inc. ("Fellowship Monrovia"). Activities include, but are not limited to, those occurring at Fellowship Monrovia facilities, off-site trips, camping, beach events, swimming, sports, games, laser tag, bowling, eating, religious activities, strenuous physical activity, physical contact with other participants, and transportation to and from each activity.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in the Activities involves risk to the Minor and may result in various types of injury including, but not limited to, sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. **I VOLUNTARILY ASSUME ALL SUCH RISKS, INCLUDING RISKS KNOWN AND UNKNOWN, OF INJURIES, HOWEVER CAUSED, EVEN IF CAUSED IN WHOLE OR IN PART BY THE ACTION, INACTION, OR NEGLIGENCE OF FELLOWSHIP MONROVIA AND ITS AGENTS, EMPLOYEES, VOLUNTEERS, OFFICERS, DIRECTORS, MEMBERS, AND OTHER REPRESENTATIVES ("RELEASEES") TO THE FULLEST EXTENT OF THE LAW.**

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, Releasees, from any and all liability, claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to Minor or to members of my family, household, or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the Activities, **WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE.**

I further acknowledge and accept that Agreement is intended to be as broad and inclusive as permitted by law and agree that if any portion of this Agreement is deemed to be invalid, the remainder will continue in full legal force and effect.

EMERGENCY AUTHORIZATION:

I hereby authorize Fellowship Monrovia and its agents, employees, and volunteers, and the above identified emergency contact to consent to medical, surgical or dental examination and/or treatment, including, but not limited to, X-ray examination, anesthesia, injections, and hospitalization as deemed necessary. I authorize Fellowship Monrovia and its agents, employees, and volunteers to give the Minor the following over-the-counter medications, and any other prescribed medication, as directed by the labels provided by the manufacturer: Analgesics (such as ibuprofen or acetaminophen), antihistamines (such as Sudafed, Benadryl), antibiotic ointment, hydrocortisone cream (such as Cortaid), electrolyte replacement fluids, antiseptic skin and wound cleansers, analgesic balms or gels, and sunscreens. I do not consent to the following medications being administered to Minor (if applicable):

PHOTO/VIDEO CONSENT AND RELEASE:

I hereby assign and grant Releasees the right and permission to use, display, and publish photographs, video, electronic representations, and sound recordings made of Minor during Activities, and I hereby RELEASE Releasees from any and all liability from such use and publication. I specifically WAIVE all rights to compensation and approval for any of the foregoing.

RESPONSIBILITY TO KEEP FELLOWSHIP MONROVIA INFORMED:

If any of the information I have provided on this form changes, I agree to promptly inform Fellowship Monrovia of such changes, and sufficiently in advance for Fellowship Monrovia to be aware of such changes and reasonably take any action necessary prior to Minor’s participation in any Activities. I also agree to immediately inform Fellowship Monrovia if Minor is or has been exposed to any communicable diseases prior to participating in any Activities.

I HAVE READ ALL OF THE FOREGOING, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF MINOR AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

Signature of Parent/Legal Guardian

Date:

Print Full Name:

Relationship to Minor: