

2017 ANNUAL PERMISSION FOR MINOR TO PARTICIPATE

(A SEPARATE FORM IS TO BE COMPLETED FOR EACH MINOR PARTICIPANT)

MINOR PARTICIPANT INFORMATION

NAME: _____ GRADE: _____ AGE: _____

DATE OF BIRTH: _____ SEX: M or F (circle one)

PHONE #: _____ ADDRESS: _____

CITY: _____ ZIP: _____

CONTACT INFORMATION FOR PARENT/GUARDIAN(S)

NAME _____ RELATIONSHIP _____

PHONE: (home) _____ (work) _____ (cell) _____

EMAIL: _____

CONTACT INFO FOR ADDITIONAL PARENT/GUARDIAN

NAME _____ RELATIONSHIP _____

PHONE: (home) _____ (work) _____ (other) _____

EMAIL: _____

INSURANCE INFORMATION

Medical Insurer/Health Plan: _____ Policy #: _____

Dental Insurer/Health Plan: _____ Policy #: _____

PRIMARY CARE PHYSICIAN INFORMATION

Doctor's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Emergency Phone: _____

DENTIST INFORMATION

Dentist's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Emergency Phone: _____

HEALTH INFORMATION

Please describe any medical issues of which we should be aware, including medications the participant may need to take while participating in any church event (provide attachment if additional space is needed):

Calvary Chapel Petaluma is a nonprofit Christian corporation located in Petaluma, CA. Any minors who participate in activities at Calvary Chapel Petaluma or who accompany us on any ministry trip or other church-related trips must do so only with full and expressed permission of the minor's legal parent or guardian. In order for any minor to participate in our activities, events, and trips, we require that a legal parent or guardian sign the following agreement for each minor participant.

MINOR PARTICIPATION AGREEMENT

I, the undersigned, am the legal parent or guardian of the minor participant identified below (hereafter "my child"). My child intends to participate in events, activities, or trips hosted by Calvary Chapel Petaluma between the date signed below through **December 31, 2017** (collectively referred to herein as "Church Events"). I give my permission for my child to participate in Church Events, including any transport to and from Church Events which may be provided.

In consideration of Calvary Chapel Petaluma agreement to permit my child participate in Church Event's, the receipt and sufficiency of which consideration is hereby acknowledged, I, individually, and on behalf of my child and our respective heirs, successors, assigns and personal representatives, agree as follows:

Calvary Chapel Petaluma
1955 S McDowell Blvd, Petaluma, CA 94954
Phone: 707.766.1567

These authorizations shall remain effective through **December 31, 2017**, unless sooner revoked in writing.

(I) General Liability Release and Indemnification

I understand that there are certain risks, known and unknown, including property damage, bodily injury and death, which could result from my child's participation in Church Events. I nonetheless authorize my child to participate in Church Events and I agree that my child assumes any and all risks of injury or harm that may be sustained by my child while participating in Church Events. To the fullest extent permitted by law, I fully release and discharge Calvary Chapel Petaluma, and its representatives, affiliates, subsidiaries, divisions, members, directors, officers, employees, agents, servants, volunteers, or any of them from all actions, suits, claims, causes of action, and demands for any injury or harm of any kind whatsoever which may arise from or out of my child's participation in Church Events, however such injury or harm is caused, even if it is caused in whole or in part by action, inaction, or negligence of Calvary Chapel Petaluma. This release is intended to discharge Calvary Chapel Petaluma against any and all liability arising out of or connected in any way with my child's participation in Church Events, even though that liability may arise out of the negligence or carelessness on the part Calvary Chapel Petaluma.

Should any claim be made or any lawsuit be filed against Calvary Chapel Petaluma on account of any injury or damage to my child arising from any act of omission referred to or related to any Church Events, I agree to defend, save, hold harmless, and to fully and completely indemnify Calvary Chapel Petaluma for any and all amounts incurred, whether by settlement or judgment, as well as any amounts incurred by Calvary Chapel Petaluma in defending against any such claim or judgment, including all attorney's fees and costs incurred. Moreover, should any claim be made or any lawsuit be filed against Calvary Chapel Petaluma on account of the acts or conduct of my child relating to or arising out of any Church Event, I further agree to defend, save, hold harmless, and to fully and completely indemnify Calvary Chapel Petaluma from any and all amounts incurred, whether by settlement or judgment, as well as any amounts incurred by Calvary Chapel Petaluma for defending against any such claim or judgment, including all attorney's fees and costs incurred.

This general liability release and indemnity agreement shall apply to all known, unknown and/or unanticipated injuries and damages resulting from or during my child's participation in Church Events from any cause whatsoever. I EXPRESSLY WAIVE THE PROVISIONS OF SECTION 1542 OF THE CIVIL CODE OF THE STATE OF CALIFORNIA AND ANY SIMILAR PROVISIONS OF THE LAWS OF ANY OTHER JURISDICTION, WHICH SAID CODE SECTION READS AS FOLLOWS:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

These authorizations shall remain effective through **December 31, 2017**, unless sooner revoked in writing.

(II) Authorization for Third Party Consent to Medical Treatment

I give my informed consent to Calvary Chapel Petaluma and any First Aid personnel assigned by Calvary Chapel Petaluma, to provide basic First Aid and comfort measures to my child through standardized treatment procedures which includes the use of over-the-counter medications. I authorize Calvary Chapel Petaluma to provide my child with the following generic, over-the-counter medications as directed by the labels provided by the manufacturer: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of _____.

I authorize Calvary Chapel Petaluma to arrange for or provide any necessary transportation for my child to the nearest medical facility for urgent or emergency medical treatment, if indicated, and I assume all responsibility for payment for such treatment. I acknowledge that my child has his or her own medical insurance and I fully and unconditionally release and indemnify Calvary Chapel Petaluma from all liability for any medical treatment rendered to my child. I hereby authorize and consent for my child to receive any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. I understand 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 to render care to my child to which the aforementioned medical and dental professionals in the exercise of their best judgment may deem advisable. I understand that every effort shall be made to contact me prior to rendering any treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the California Family Code section 6910, and similar provisions of the laws of the State or Country in which the medical, or dental care is being sought.

I hereby authorize any hospital, medical facility, other medical or dental provider who has provided treatment to my child to surrender physical custody of my child to the Calvary Chapel Petaluma upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California, and similar provisions of the laws of the State or Country in which the medical or dental care is being provided.

These authorizations shall remain effective through **December 31, 2017**, unless sooner revoked in writing.

(III) Video/Photo Release

During Church Events, photographs may be taken and videos may be produced and used for future publicity. I give permission for photographic images and videos of my child captured during Church Events, to be used for the purposes of Calvary Chapel Petaluma, including in promotional materials and publications and I waive any rights of compensation or ownership thereto.

In addition to the above, I understand and agree that in the event that my child behaves in a manner deemed unacceptable by the adult leader, I will immediately pick up my child at my own expense, or make arrangements for immediate pick-up of my child at my own expense.

No oral representatives, statements, or inducements have been made by or between the parties to this Agreement with respect to the subject matter of this Agreement apart from the matters set forth within this Agreement.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights and those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

These authorizations shall remain effective through **December 31, 2017**, unless sooner revoked in writing.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

Date

/

Print Name of Minor Participant

Print Name of Legal Parent or

Guardian

Signature of Legal Parent or Guardian