

Calvary Chapel Pasadena Release, Waiver & Indemnity Agreement

It is the intention of _____ (Parent or Guardian of Child / Minor) by this agreement to exempt and relieve Calvary Chapel Pasadena and its officers, agents, servants or employees from liability for personal injury, property damage or wrongful death of (the Child / Minor) _____ (Name of the Minor hereafter referred to as the Child / Minor): caused by any act of Negligence of Calvary Chapel Pasadena and its officers, agents, servants or employees.

For and in consideration of permitting (the Child / Minor) to observe, or use any facility or equipment of Calvary Chapel Pasadena or Camp Facility, or engage in and/or receive instruction in any activity or activity incidental there to some of which may involve dangers and risk of bodily injury, beginning on _____ until _____, the undersigned parent and /or guardian of (the Child / Minor) hereby voluntarily and absolutely releases, discharges, waives and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death occurring to (Name of Minor) as a result of (the Child / Minor)'s observing or using facilities or equipment of Calvary Chapel Pasadena, or engaging in or receiving instructions in any activities some of which may involve dangers and risk of bodily injury or in activities incidental there to wherever or however the same may occur, and for whatever period said activities or instructions may continue.

By agreeing parents are giving permission for their child in the aforementioned event that they might participate in the following activities: (Obstacle Challenge, Basketball, Football, Dodge Ball, Swimming, Hiking).

The undersigned parent or guardian of (the Child / Minor) for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Calvary Chapel Pasadena or its officers, agents, servants or employees, the undersigned parent or guardian will indemnify and hold harmless Calvary Chapel Pasadena and its officers, agents, servants or employees from any and all claims or causes of action by (the Child / Minor) or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or guardian of (the Child / Minor) present any claim against Calvary Chapel Pasadena and said persons for personal injuries, property damage, wrongful death or otherwise, caused by any act of negligence by Calvary Chapel Pasadena and said persons.

The undersigned parent or guardian represent that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release.

The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Dated: _____ Signature of Parent or Legal Guardian _____
for (the Child / Minor): _____

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CALVARY CHAPEL PASADENA

Event Information

I authorize my child (undersigned) to attend the _____
which will commence at _____ and will end _____
Parent (s) or Guardian (s) will need to check-in their child/children upon arrival to the event and check-out upon departure.

Youth Information

Last Name _____ First _____
Address _____ City _____ Zip _____
Birth Date _____ Age _____ Home Phone _____ Email Address _____

Parent Information

If minor does not reside with both parents, who has legal custody of child? Father Mother Other

Father/Mother/Guardian Last Name _____ First _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____

In case of an Emergency Contact

Contact Name _____ Home Phone (Cellular Phone) _____

Relationship _____ Work Phone _____

Authorization of Consent for Treatment of a Minor

(I), (We), the undersigned, parent(s) of _____
 a minor, do hereby authorize Calvary Chapel Pasadena, its staff or representatives, as agent(s) for the undersigned to consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the Medical Staff of any hospital or medical clinic whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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 our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. (Allows Parent(s) or Guardian to authorize any adult to consent to medical or dental treatment as stated in paragraph No. 1 above.)

This authorization shall remain effective from _____ until _____ unless sooner revoked in writing delivered to said agent(s).

 Signature of Father, Mother or Legal Guardian

 Dated

Insurance Information

 Insurance Company Name

 Group number

 Insured (Employee) Name

 Home Phone

 Employer

 Work Phone

 Address

 City

 Zip

Please attach MEDI-CAL sticker (if applicable) in case of an emergency

Patient Medical History Information

For patients protection

1) Allergies and Sensitivities: Is there a history of skin or other outward reaction or sickness following injection or oral administration of:

If yes, please describe

Penicillin or other and antibiotics

Yes No

Morphine, Codeine, Demerol or other narcotics

Yes No

Nova Caine or other anesthetics

Yes No

Aspirin, emperin or other pain remedies

Yes No

Sulfa drugs

Yes No

Tetanus antitoxin or other serums

Yes No

Adhesive tape

Yes No

Iodine or merthiolate

Yes No

Any other drug or medication

Yes No

Any foods, such as eggs, milk, or chocolate

Yes No

2) Drugs taken recently: Within the past six (6) months has the patient taken:

Cortisone

Yes No

ACTH

Yes No

Anticoagulants

Yes No

Tranquilizer

Yes No

High blood pressure medicines

Yes No

3) Has the patient ever contacted or received treatment for:

Asthma Rheumatism Rheumatic Fever Chicken Pox Scarlet Fever

Tuberculosis or Positive TB Test Hepatitis Surgery Hospitalization Eye or Vision Problem

Ear or hearing problem Recurrent Sore Throat or Tonsillitis Bronchitis or Pneumonia

Recurrent Skin Rashes or Eczema Stomach or Bowel Problem

When was your child's last Tetanus shot? _____

Other Information:

