

Creekside Christian Fellowship

4849 Alton Parkway (corner of Alton and Creek)
Irvine, CA 92604
Office ph. 949-786-4849

LIABILITY RELEASE FORM

It is my desire that my child/ward participate in the activities of Creekside Christian Fellowship, therefore:

I, the undersigned parent/guardian of _____, do hereby authorize an adult sponsor of Creekside Christian Fellowship or any responsible adult person bearing this written authorization, into whose said care the above mentioned 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 be 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 medical 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 may deem advisable. This authorization shall include transportation to receive the medical or dental care.

FINANCIAL RESPONSIBILITY

In the event of injury 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

I am aware that the activities my child is engaging in (as well as any necessary medical treatment provided as a result of said activity) may involve hazards and risks of significant injury or death as one of the results associated with the activity. I have considered these risks and I still wish my child/ward to participate in said activities despite the gravity of said risks. Furthermore, I agree not to bring any legal action against Creekside Christian Fellowship, staff, sponsors or persons making the medical decisions as a result of any injury sustained while engaging in the church sponsored event (or any subsequent medical treatment provided thereafter) or injuries/death suffered in the course of his/her participation.

DISPUTE

Any disputes arising between myself and Creekside Christian Fellowship or its agents/chaperones concerning injuries to my child/ward shall be resolved by arbitration with Judicate West. This waiver is hereby acknowledged as a valid defense, and should the arbitrator/judge find, a complete defense to any claims/lawsuits. The cost of the arbitrator is to be shared equally by the parties.

TERM OF AGREEMENT

This authorization will remain in effect from June 1, 2009 until June 1, 2010, while the minor above is enroute to or from or involved or participating in any program or activity authorized by Creekside Christian Fellowship, unless revoked by the undersigned in writing and delivered to the agent of Creekside Christian Fellowship.

Dated Signature Relationship

Dated Signature Relationship

Address City, State, Zip

Daytime Phone Evening Phone

**Registration and Medical Release/Consent Form
Creekside Christian Fellowship**

Over Please >>>

Student's Name: _____ Age: _____ Sex: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip _____

Birthdate: _____ Name of Parent: _____

Name of Parent: _____

Duration of this consent form: From(Mo/Yr) June 2009 Until(Mo/Yr) June 2010

Emergency Information:

Parent(s) Work Phone: () _____ () _____

Alternate Contact Name: _____ Relationship: _____

Health History:

_____ Allergies _____ Asthma _____ Medication/Drug Allergies

_____ Hay Fever _____ Insect Stings _____ Seizure Disorder

_____ Diabetes _____ Epilepsy _____ Emotional/Mental Handicap

_____ Cardiac _____ Chronic Asthma _____ Nervous Disorder

_____ Physical Handicap

_____ Other _____

*If you have marked any of the above, please list the details: _____

Activity Restrictions: _____

Date of last Tetanus Shot: _____

Insurance Information:

Policy Holder: _____ Policy #: _____

Name of Insurance Company: _____

This health history is correct, and the person herein described has permission to engage in all church activities except as noted above.

In the event that I cannot be reached in an emergency during the church activity, I hereby give permission to the physician or dentist to secure proper treatment and/or to order injection, anesthesia, or surgery for my child as deemed necessary.

I also authorize Creekside Christian Fellowship representatives to administer medical aid as required for illness or injury under a physicians orders.

Signature of Parent(s) or Guardian(s): _____ Date: _____

_____ Date: _____