



CONSENT AND RELEASE OF LIABILITY FOR MINOR

PARTICIPANT INFORMATION

NAME _____

BIRTHDATE: _____ GRADE IN FALL 2019 _____

ADDRESS _____
STREET CITY ZIP CODE

MOBILE PHONE # _____ EMAIL ADDRESS _____

LIVES WITH

___ BOTH PARENTS

___ MOTHER

___ FATHER

___ LEGAL GUARDIAN

ALLERGIES: ___ NO ___ YES. If **yes**, describe allergies (A FARE form will be provided to you for completion):

PRESCRIBED MEDICATIONS: _____

OTHER MEDICAL CONDITIONS (PLEASE DESCRIBE, I.E. DIABETES, SEIZURES, ETC.):

PHYSICAL OR DEVELOPMENTAL DISABILITIES (PLEASE DESCRIBE):

PARENT OR GUARDIAN INFORMATION

NAME _____

ADDRESS _____
STREET CITY ZIP CODE

MOBILE PHONE # _____ EMAIL ADDRESS _____

RELATIONSHIP TO CHILD _____

AUTHORIZATION FOR MEDICAL TREATMENT

In case of accident or other emergency, I, the parent/legal guardian of the above stated participant, hereby gives permission for PLACENTIA PRESBYTERIAN CHURCH and/or its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees, to obtain emergency medical treatment for participant should medical treatment be required. The undersigned also authorizes the leader of the event/trip and/or the trip sponsors to administer first-aid treatment as deemed necessary in the absence of a physician.

The undersigned assumes complete financial responsibility for any and all care rendered or otherwise provided under this authorization. This authorization will remain effective while the above minor is en route to and from or involved with or participating in program events related to the Placentia Presbyterian Church and effective from the date of the signature of the parent or legal guardian and will be valid until revoked in writing by the undersigned, and delivered to the aforesaid agent. This authorization shall not be affected by the death or disability of the undersigned.

PARTICIPANT MAY BE RELEASED TO OR CALLED IN CASE OF EMERGENCY IF THE PARENT/GUARDIAN CANNOT BE REACHED:

NAME #1 : _____

RELATIONSHIP TO PARTICIPANT _____ PHONE# _____

NAME #2 _____

RELATIONSHIP TO PARTICIPANT _____ PHONE # _____

RELEASE RESTRICTION: _____ COURT ORDER _____

Parent or Guardian Signature _____ **Date:** _____

CONSENT AND RELEASE FROM LIABILITY

I, the undersigned parent/guardian, hereby acknowledge that it is my desire for my child to participate in church-sponsored activities at the **Placentia Presbyterian Church**, including activities on and/or away from the church premises, as well as transportation to and from such activities.

MY CHILD IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting my child to participate in such activities, including the transportation to and from such activities, I hereby release and discharge **Placentia Presbyterian Church**, its officers, employees, agents from all actions, claims or demands I and my heirs, distributees, guardians, legal representatives or assignees now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents and Board of Trustees, before or during my child's participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND SIGN IT OF MY OWN FREE WILL.

In addition, the undersigned parent/guardian has been notified that participants involved in Placentia Presbyterian Church sponsored programs are subject to being photographed or filmed, and I hereby give permission for Placentia Presbyterian Church to use such photographs or videos to publicize and promote the church's programs.

MARK ONE OF THE TWO OPTIONS:

____ **I give** my consent to Placentia Presbyterian Church to use my name or my child's name and likeness to promote the church and their activities.

____ **I do NOT give** my consent to Placentia Presbyterian Church use my name or my child's name and likeness to promote the church and their activities.

Parent or Guardian Signature _____ **Date:** _____