

Medical Consent, General Release of Liability, & Indemnification Agreement

Minor's Name: _____ Birthdate: _____

I give permission for Minor to attend and participate in Activities defined as any activities on or about the Church premise, any activities sponsored by the Church and/or any activities sponsored to or from any and all Church activities) by the First Evangelical Church of Glendale ("FECG") during the period of June 17, 2019 to June 21, 2019. In consideration for Minor being accepted by FECG for participation in Activities, I hereby release, and forever discharge and agree to hold harmless FECG, its employees, volunteers, volunteer Children's Worker/staff ("Staff") from any and all liability, claim or demand for personal injury, sickness or death as well as any and all property damage and costs and expenses, of any nature whatsoever which may be incurred by the Minor while the Minor is participating in Activities occurring during the said period.

I assume all risk of personal injury, sickness, death of the Minor and property damage and cost and expense which may result from the Minor's participation in Activities. Further, I give authorization and permission to FECG to furnish any necessary transportation, food and lodging for the Minor.

I agree to hold harmless and indemnify FECG, its employees and agents, and its Staff against any and all liability sustained by FECG, its employees, its agents and its Staff, as result of the negligent, willful or intentional acts of the Minor including costs and expenses and attorney's fees incurred.

We parents hereby authorize, or if we cannot be reached for verbal authorization, authorize the emergency contact at the bottom of the form, to the consent to any and all emergency treatment of the Minor, including but not limited to, X-ray examination, anesthetic, medical surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed by the State of California, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I acknowledge that my medical and/or personal injury/accident insurance is primarily responsible for any and all claims resultant from the Minor's participation in Activities. FECG's insurance is secondary to my insurance.

I shall be liable and agree to pay all costs and expenses incurred in connection with such medial and/or dental services rendered to the Minor pursuant to this authorization. Should it be necessary for Minor to return home due to medical reasons or otherwise, I shall assume any and all transportation costs. I also hereby give permission for the Minor to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in Activities.

Parent/guardian's signature date

Please fill out completely.

Father's Name Home phone number Cell Phone Number

Mother's Name Home phone number Cell Phone Number

Medical insurance? (circle one) Yes No

Family physician

Insurance company Policy number/family account number

In case of emergency, if I cannot be reached, please notify: (name) _____
at (phone) _____.

Medical History (allergies, special conditions and/or medication, etc.): _____