



AUBURN GRACE COMMUNITY CHURCH
 3126 Olympic Way
 Auburn, CA 95603

DATE OF LAST TETANUS SHOT:

PERMISSION SLIP, LIABILITY, MEDICAL RELEASE & INDEMNITY AGREEMENT (For Minors)

PLEASE PRINT CLEARLY WITH BLACK INK AND READ CAREFULLY BEFORE SIGNING

PARTICIPANT'S FULL NAME: _____ BIRTHDATE: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT/CUSTODIAL ADULT(S) NAME(S): _____

HOME PHONE: _____ WORK #'s: _____ CELL PHONE #'s: _____

PARENT EMAIL ADDRESS: _____

MEDICAL CONDITIONS (i.e., asthma, diabetes, hemophilia, etc.): _____

MEDICATIONS TAKEN (all medications and prescriptions must be in the original container and have a note with how, when and why to administer meds, which is signed by the legal guardian): _____

ALLERGIES (i.e., food, drug, environmental, insect bites, etc.): _____

IN CASE OF EMERGENCY (and parent/guardian cannot be reached), CONTACT:

NAME: _____ PHONE #'s: _____ RELATIONSHIP: _____

NAME: _____ PHONE #'s: _____ RELATIONSHIP: _____

NAME OF PRIMARY PHYSICIAN: _____ PHONE # OF PHYSICIAN: _____

HEALTH INSURANCE COMPANY: _____ INSURANCE PHONE #: _____

SUBSCRIBER: _____ POLICY #: _____ GROUP #: _____

 (Initial if no health insurance) I HAVE NO MEDICAL OR ACCIDENT INSURANCE, AND I AGREE TO PERSONALLY PAY ANY AND ALL MEDICAL AND/OR DENTAL EXPENSES INCURRED.

I expressly consent to the participant's involvement in all activities and events at Auburn Grace Community Church, including, but not limited to, recreational activities, trips, travel, and activities related to missions. The participant agrees to comply with all rules and policies for each activity and event.

I understand that participation in each activity and event involves inherent and other risks of **INJURY** and **DEATH**. In consideration for the participant being permitted to be involved in activities, **I AGREE TO RELEASE** Auburn Grace Community Church and its pastors, elders, officers, staff, employees, volunteer workers, attorneys, agents, representatives, affiliates, successors in interest, and assigns (collectively "PROVIDERS") **including all liability which results from the NEGLIGENCE of PROVIDERS, or any other person or cause.**

I authorize any person connected with Auburn Grace Community Church or the activity or event to administer first aid or to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the MEDICINE PRACTICE ACT or of any dentist licensed under the DENTAL PRACTICE ACT, at a hospital or elsewhere. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. The undersigned also assumes the financial responsibility for any costs connected with such treatment.

This agreement is binding upon the participant's heirs, executors, administrators, and assigns. I acknowledge this agreement is governed by the applicable laws of the State of California. This release form is completed and signed of my own free will with purpose of granting the participant listed above permission to participate in said activities, authorizing medical treatment under any emergency circumstances in my absence, and releasing liability specifically as stated above.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY GIVE PERMISSION FOR SAID PARTICIPANT'S INVOLVEMENT AND AGREE TO THIS LIABILITY, MEDICAL RELEASE AND INDEMNITY AGREEMENT.

PARTICIPANT SIGNATURE: _____ DATE: _____

Parent/Guardian: If participant is a minor, I verify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of the participant.

PHOTO PERMISSION

I/we understand that my child may be photographed while participating in the activities of Auburn Grace Community Church. I/we **DO** or **DO NOT (CIRCLE ONE)** give permission for a recognizable image of my child to be posted on the AGCC website or bulletin boards. I understand that a non-recognizable image, such as a group picture, may be posted.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____