

Cerritos Baptist Church
MEDICAL CONSENT & LIABILITY RELEASE FORM
For Minors Participating in Church Activities

Name of Child: _____ Phone: _____

Address: _____ Gender: Male Female

City, St, Zip: _____ Age: _____ Birthdate: _____

PRIMARY EMERGENCY CONTACT

Name: _____
 Relationship: _____
 Home Phone: _____
 Work Phone: _____

ALTERNATE EMERGENCY CONTACT

Name: _____
 Relationship: _____
 Home Phone: _____
 Work Phone: _____

CONSENT FOR MEDICAL AND DENTAL AID

HEALTH INFORMATION: Please list any of the following that your child may have or experience:

ALLERGIES (eg. Drugs, asthma, hay fever, insect stings)	MEDICAL CONDITIONS (eg. Seizures, diabetes, physical or emotional handicap, etc)	ACTIVITY RESTRICTIONS

The health information is correct, so far as I know. At any time during my child's participation in the activities listed below, I hereby give my permission to the physician, nurse, or dentist selected by Cerritos Baptist Church to provide medical and dental aid to my child as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities. (Use back of form for any explanations.)

This **Consent for Medical and Dental Aid** shall remain effective until December 31, 2009, or until revoked in writing and delivered to any officer, employee or agent of Cerritos Baptist Church.

 Signature of Parent or Guardian (Must be 18 or older) _____
Date

CONSENT FOR PARTICIPATION AND RELEASE FROM LIABILITY

I, _____, hereby acknowledge that it is my desire for my child, _____ to participate in the Baja house building trip with the Baja Missions Team at Cerritos Baptist 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 THE KNOWLEDGE OF THE DANGERS INVOLVED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION, TRANSPORTATION, AND/OR ANY NECESSARY MEDICAL AID RECEIVED.

In lawful consideration for permitting my child to participate in such activities, including the transportation to and from such activities, I hereby release from liability and discharge Cerritos Baptist Church, it's directors, officers, employees, agents, activity leaders, and church members, from all actions, costs, claims or demands that I and my heirs, distributees, guardians, legal representatives, or assigns now have or may hereafter have, for any injury, damages, or death, to my child's person or property, resulting from the negligence or other acts, howsoever caused, by such church, directors, officers, employees, agents, activity leaders, and church members, before, during, or after my participation in such activities on and/or away from the church premises, including transportation to and from such activities, and/or as a result of any necessary medical and dental aid that is received.

I also understand that CALIFORNIA LABOR CODE 3352 (1) EXCLUDES persons performing voluntary services for nonprofit organizations from requirements for coverage by Workers Compensation Insurance.

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.

This **Consent and Release From Liability** shall remain effective until December 31, 2009, or until revoked in writing and delivered to any officer, employee or agent of Cerritos Baptist Church.

 Signature of Parent or Guardian (Must be 18 or older) _____
Date