

MEDICAL and LIABILITIES RELEASE FORM 2023

| Name of Minor (Last) | (l | First) | | Birthdate | |
|-----------------------------------|-----------------------|---------------------------|---------|-----------|---|
| Address | City | State | 2 | Zip Code | _ |
| Name of Mother/Guardian (Last) _ | | (First) | | | |
| Cell Phone | _ Home Phone | | _ Email | | |
| Name of Father/Guardian (Last) | | (First) | | | |
| Cell Phone | Home Phone | | _ Email | | |
| In emergency, notify | Relationship | | | | |
| Emergency contact phone | | | | | - |
| Doctor | | City | Phone | | _ |
| Health Insurance Provider | | Policy # | # | | _ |
| Address | | | Phone | | _ |
| Name of Main Insured | Subscriber # | | | | |
| Date of last tetanusA | llergies/Allergic rea | actions of my child | | | _ |
| Any activity restrictions? | List restrictions _ | | | | - |
| Name and dosage of any medicatio | n which your child | takes on a regular basis: | | | |
| Other information regarding my ch | ild's health that a d | octor should know: | | | |

Participation Permission and Medical Permission/Release:

I, the undersigned, am the parent/legal guardian of the above-named minor and participant in Valley Church Student Ministries. I give permission for my child to participate in the activities of Valley Church Student Ministries on or off church campus for the 2023 calendar year. In the event that I cannot be reached in an emergency while my child is participating in a Valley Church activity, event or program on or off church campus, I hereby give permission to the physician or dentist selected by Valley Church leaders to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. I understand that all billings for services rendered will be sent to me as the parent/legal guardian and that I am responsible for the complete payment.

Hospital Permission to Release custody back to VC:

I authorize the Valley Church leaders, that are 18 years of age or older, who supervise these activities to receive physical custody of my child, under Section 1283 (a) of the California Health and Safety Code, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Valley Church leaders, that are 18 years of age or older, who supervise these activities.

Liability Release:

In the unlikely event that my child is injured while participating in activities on or off the campus of Valley Church or in route to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child during or in route to activities. In consideration for the church granting my child permission to recreate on or off the church campus, I hereby release Valley Church from the liability for injuries caused by negligence on the part of Valley Church and its employees and volunteers.

Discipline policy and Photo Permission:

I acknowledge that if my child has to return home early for discipline violations it will be at the parent/guardian's expense. I also understand the photos and videos may be taken of my child while at Valley Church activities, events or programs, which may be used by Valley Church for future promotional purposes.

Indemnity:

I and my minor child expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE OF MY OWN FREE ACT. This is a legally binding agreement that I have read and understand for myself and my minor child.

| (Parent/Guardian Signature) | (Date) | | |
|-----------------------------|-------------------------|--|--|
| (Name – Print clearly) | (Relationship to minor) | | |