

VALLEY CHURCH MEDICAL INFORMATION and ASSUMPTION OF RISKS/LIABILITIES WAIVER FORM FOR MINOR

PARTICIPANT

Name of Minor _____ Birthdate _____
(Last) (First) MM/DD/YY

Address _____
Street City State Zip Code

PARENTS AND EMERGENCY CONTACT

	<u>Father/Guardian*</u>	<u>Mother/Guardian*</u>
Name	_____	_____
Cell Phone	_____	_____
Email	_____	_____

Emergency Contact other than above:

Name _____ Relationship _____ Cell Phone _____

DOCTOR AND HEALTH INSURANCE

Doctor's Name _____ City _____ Phone _____
Health Insurance _____ Phone _____
Name of Main Policy # _____
Policy Holder _____ Subscriber # _____

HEALTH CONDITION OF PARTICIPANT

A Autism Spectrum Disorder Heart Condition Diabetes
Chronic Asthma Epilepsy Others : _____

Allergies : Yes No If Yes, please specify _____

Food Restrictions: Yes No If Yes, please specify _____

Activity Restrictions: Yes No If Yes, please specify _____

Epi-Pen: Yes No Date of last tetanus _____ Other medications _____

PURPOSE OF LIABILITY WAIVER AND ASSUMPTION OF RISKS AGREEMENT

Valley Church Children and Youth Ministries (the "Program") is hosted by The Valley Church of Santa Clara County, Inc. (hereafter "the Church" or "Valley Church"). The Program runs from January 1, 2025 to January 1, 2026.

The purpose of this Assumption of Risks and Liability Waiver Agreement ("the Agreement") is twofold. First, this Agreement will inform the Parent(s) and/or Legal Guardian(s) of Program participants of the types of risks involved in participating in the Program. Second, this Agreement sets forth the terms of the participant's Parent(s)/Legal Guardian's assumption of the risks described in this Agreement, their waiver of liability, and their general release of the Church in exchange for the right to have their child participate in this Program. Parents and legal guardians of minor participants are required to fully read and sign this Agreement before the Church will allow the minor to participate in the Program.

By reading and signing this Agreement, the undersigned will signify that they have been informed of and recognize the risks involved in their child's participation in the Program and waives any and all liability that could arise against the Church as a result of or stemming in any way from their child's participation in the Program.

WAIVER OF LIABILITY AND GENERAL RELEASE

In consideration for the Valley Church permitting my child to participate in the Program, I relinquish all rights to recover damages for any and all injuries or property loss sustained by my child during or en route to and from the Program, waiving any liabilities, causes of action, lawsuits, claims, demands, or damages of any kinds whatsoever that I or my assignee, child, heir, distribute, guardian, next of kin, spouse, and legal representative now have, or may have in the future, for injury, death, or property damage related to (i) my child's participation in the Program, (ii) the negligence or other acts of any representative or agent of Valley Church, whether directly connected to Program activities or not, and however caused, or (iii) the condition of any premises where the Program's activities occur, whether or not my child actively participates in the Program activities. I also agree that I or my assignee, child, heir, distributee, guardian, next of kin, spouse, and legal representative will not make a claim against, sue, or attach the property of Valley Church or its agents or representatives in connection with any of the matters covered in this Agreement.

I understand that photos and videos may be taken of my child while participating in the Program activities, events or programs, which may be used by Valley Church for future training or promotional purposes. I furthermore acknowledge and agree that if my child exhibits behavior that is disrespectful, disobedient, overly disruptive, or otherwise inappropriate, my child's right to participate in the Program may be revoked and I will bear the cost and responsibility of said revocation.

ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS

I am aware that my child's participation in the Program will include potentially dangerous physical activities, including risks inherent to engaging in different kinds of sports and physical games, outdoor activities, and dangers inherent to transit and travel. Some of the risks that my child will encounter could include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, broken bones, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death.

By signing below, I certify that I am aware of the risks that I will take by nature of my child's participation in the Program and hereby voluntarily assume and take full responsibility for all of these risks, as well as any other risk or danger that my child may encounter while participating in the Program.

CONSENT TO MEDICAL TREATMENT

Should my child suffer injury or illness that requires immediate medical attention, I understand that Valley Church will attempt to contact me and my child's listed emergency contacts as soon as possible. I am furthermore aware that urgency may require immediate action by Valley Church, which could include treatment of my child by a representative of Valley Church or seeking the help of medical professionals. If it appears that serious or permanent harm could result from lack of immediate action, Valley Church and its representatives are authorized to exercise their best discretion in undertaking appropriate action to care for my child, which could include giving permission and/or instruction to medical professionals. Neither Valley Church, nor its representatives, will incur any liability for having taken such action without prior parental approval.

I furthermore authorize Valley Church leaders, who 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, who are 18 years of age or older, who supervise these activities.

If my child suffers injury or illness that requires professional medical treatment or assistance at any point en route to, during, or returning from the Program, the undersigned Parent/Legal Guardian will be financially responsible for the cost of such treatment or assistance. Any insurance policy of Valley Church or organization sponsoring this event may be used only as secondary coverage.

AFFIRMATION AND SIGNATURE

I, the undersigned Parent/Legal Guardian, affirm that I have read this Agreement and its attachments in their entirety, and that I have explained the potential risks and dangers associated with participation in this event to my child. By signing this Agreement, I agree to be bound by its terms, waiving and releasing any liability and/or claims against Valley Church that may arise as a result of my child's participation in this event.

Name of Participant/Minor _____

Signature of Parent /Guardian _____ Date _____

Name of Parent/Guardian _____ Relationship to Minor _____
(please print)