

**Student Medical & Liability Release Form 2009**

Student Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

**MEDICAL RELEASE FORM**

In the event that my child is injured while participating in an event sponsored by the Church of God of Exeter, I do hereby authorize and consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis rendered under general or special supervisor of any licensed medical staff member under the provisions of the Medicine Practice Act.

It is understood that effort shall be made to contact me, the undersigned, prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached.

This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. I understand the nature of these events and do hereby release Church of God of Exeter, or any of its representatives, from any liability for accidents or injury sustained by my child in conjunction with this event. I also hereby release any physician, hospital, or other medical center for rendering any aforementioned services.

\_\_\_\_\_  
Signature of Parent/Guardian Dated \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

**PERSONAL INFORMATION**

Student's Full Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Birth Date \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are there any special physical problems of which we should be aware? (allergies, etc.) Explain: \_\_\_\_\_

\_\_\_\_\_  
List medication that student is taking on a regular basis and the amounts being taken:

\_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**CONSENT AND RELEASE FROM LIABILITY**

I, \_\_\_\_\_, hereby acknowledge that it is my desire (for my child) to participate in church-sponsored activities at the Church of God of Exeter including activities on and/or away from the church premises as well as transportation to and from such activities.

I am (my child is) voluntarily participating in these activities, including transportation to and from such activities, with knowledge of dangers involved and hereby agree to accept any and all risks of injury as a result of such participation and transportation.

As lawful consideration for permitting me (my child) to participate in such activities, including the transportation to and from such activities, I hereby release and discharge the Church of God of Exeter, its officers, employees, agents and members of the Board of Trustees from all actions, claims or demands resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents and Board of Trustees, before or during my (my child's) participation in such church sponsored activities on and or away from the church premises, including transportation to and from such activities.

***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 the Church of God of Exeter.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2009 at \_\_\_\_\_ a.m. / p.m.

**TRAVEL IN PRIVATE VEHICLES**

I, \_\_\_\_\_, approve of and authorize the transporting of my child, \_\_\_\_\_, to and from church sponsored events in a private vehicle. This agreement will remain in effect until December 31, 2009 or until revoked in writing and delivered to any officer, employee, or agent of the Church of God of Exeter.

\_\_\_\_\_  
Signature of Parent or Guardian Dated \_\_\_\_\_

\_\_\_\_\_  
Please Print Name