

**ADDENDUM TO  
MEDICAL RELEASE & RELEASE OF LIABILITY FORM**



*PLEASE PRINT*

I hereby give my  
permission for (name of student) \_\_\_\_\_

My  **son** or  **daughter** to be involved in the following activity with Calvary Chapel Placerville.

Activity: \_\_\_\_\_

I understand this form will be attached to the Medical Release & Release of Liability Form that I have already signed and is currently on file in the Office of Calvary Chapel of Placerville at 6575 Commerce Way, Diamond Springs, CA. and that this Addendum will be fully incorporated into said document subject to all of the terms and conditions contained therein.

Date \_\_\_\_\_

Signature of Minor \_\_\_\_\_

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

Date \_\_\_\_\_