

MEDICAL RELEASE & GENERAL RELEASE OF LIABILITY FORM



WHEREAS, Calvary Chapel of Placerville, a California Corporation (hereinafter referred to as CCP) has or engages in numerous activities throughout each year that require the voluntary participation of the children and/or youth and their respective Pastors, Youth Leaders and adults (hereinafter referred to as the Leadership). These activities may include, but are not limited to Camps, Retreats, and Field Trips of many different kinds and nature and Mission Trips (both within the continental United States and outside of the Continental United States).

AND WHEREAS, It is further recognized that during the course of these activities CCP by and through the Leadership will be chronicling these events by means of photographs, movies and other media formats that may involve the likeness of anyone or all of the minors participating and that their likeness and/or voice may appear on film, in promotional literature, feature film and/or either program picture, which may be exhibited or broadcast on television, radio, CATV, motion picture theatres, churches, schools, Calvary Chapel Placerville official website and associated websites, schools, or other educational institutions.

AND WHEREAS, CCP further recognizes that during the course of these activities should a medical emergency arise that it is both prudent and necessary that a proper medical release form be maintained at all times for the benefit and protection of the minor.

NOW THEREFORE, CCP has provided both a Medical Release and a General Release below that must be executed by the minor and the minor's parent or guardian prior to the minor engaging in any of the aforementioned activities during the specified period as hereinafter shown. CCP further reserves the right to attach to this agreement an addendum setting forth any specific event that CCP may consider prudent for further clarification of the matters set forth herein.

PLEASE PRINT

I hereby give my

permission for(name of minor)_____

My **son** or **daughter** to be involved in this activity with Calvary Chapel Placerville. I understand this form will be valid throughout the year indicated for all CCP activities my son or daughter participates in.

Valid from January 1, 2009 through December 31, 2009

I, THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED MINOR AGREE TO HOLD HARMLESS CALVARY CHAPEL PLACERVILLE, THE OFFICERS, STAFF OR ANY DIRECTORS OR VOLUNTEERS UNDER THE DIRECTION OF CALVARY CHAPEL PLACERVILLE, FROM ANY AND ALL LIABILITY, CLAIMS OR DEMANDS FOR PERSONAL INJURY, SICKNESS OR DEATH, AS WELL AS PROPERTY DAMAGE AND EXPENSES, OF ANY NATURE WHATSOEVER WHICH MAY BE INCURRED BY THE MINOR PARTICIPANT THAT OCCUR WHILE SAID MINOR IS PARTICIPATING IN ANY OF THE AFOREMENTIONED ACTIVITIES OR TRIPS. FURTHERMORE, I ON BEHALF OF THE MINOR PARTICIPANT HEREBY ASSUME ALL RISK OF PERSONAL INJURY, SICKNESS, DEATH, DAMAGE AND EXPENSE AS A RESULT OF PARTICIPATION IN RECREATION AND WORK ACTIVITIES INVOLVED THEREIN. FURTHER, AUTHORIZATION AND PERMISSION IS HEREBY GIVEN TO SAID CHURCH TO FURNISH ANY NECESSARY TRANSPORTATION, FOOD

AND LODGING FOR THIS PARTICIPANT. THE UNDERSIGNED FURTHER HEREBY AGREES TO HOLD HARMLESS AND INDEMNIFY SAID CHURCH, DIRECTORS, EMPLOYEES, VOLUNTEERS AND AGENTS, FOR ANY LIABILITY SUSTAINED BY SAID CHURCH AS THE RESULT OF THE NEGLIGENT, WILLFUL OR INTENTIONAL ACTS OF SAID PARTICIPANT INCLUDING EXPENSES INCURRED ATTENDANT THERETO. BY SIGNING BELOW, I FURTHER RELEASE AND WAIVE ANY AND ALL CLAIMS ARISING OUT OF THE USE, BY CALVARY CHAPEL PLACERVILLE AND ITS AUTHORIZED DESIGNEE, OF MY CHILD'S LIKENESS AND/OR VOICE, ON FILM, PROMOTIONAL LITERATURE, FEATURE FILM AND/OR EITHER PROGRAM PICTURE, WHICH MAY BE EXHIBITED OR BROADCAST ON TELEVISION, RADIO, CATV, OR IN MOTION PICTURE THEATERS, CHURCHES, SCHOOLS, CALVARY CHAPEL PLACERVILLE OFFICIAL WEBSITE AND ASSOCIATED WEBSITE OR OTHER EDUCATIONAL INSTITUTIONS.

AS PARENT OR LEGAL GUARDIAN OF THIS PARTICIPANT, I HEREBY GRANT MY PERMISSION FOR HIM (HER) TO PARTICIPATE FULLY IN SAID ACTIVITY OR TRIP, AND HEREBY GIVE MY PERMISSION TO TAKE SAID PARTICIPANT TO A DOCTOR OR HOSPITAL AND HEREBY AUTHORIZE MEDICAL TREATMENT, INCLUDING BUT NOT IN LIMITATION OR EMERGENCY SURGERY OR MEDICAL TREATMENT, AND ASSUME THE RESPONSIBILITY FOR ALL MEDICAL BILLS. FURTHER, SHOULD IT BE NECESSARY FOR PARTICIPANT TO RETURN HOME DUE TO MEDICAL REASONS, DISCIPLINARY ACTION OR OTHERWISE, I HEREBY ASSUME ALL TRANSPORTATION COSTS. IF A DISPUTE OVER THIS AGREEMENT OF ANY CLAIM FOR DAMAGES ARISES, I THE PARENT/GUARDIAN AGREES TO RESOLVE THE MATTER THROUGH A MUTUALLY ACCEPTABLE ARBITRATION PROCESS.

In the event that it becomes necessary or advisable for any reason whatsoever to alter the itinerary or arrangements, such alterations may be made. Additionally, I understand that I will be required to pickup the aforementioned minor at the director's request if the participant's behavior is contrary to the spirit and intent of this activity. The signing of this form by the parent or legal guardian shall be deemed consent to the above conditions along with permission to give consent for medical treatment for the aforementioned minor.

The undersigned does hereby waive the provisions of Section 1542 of the Civil Code of the State of California, which provides:

"A general release does not extend to claims which the creditor does not know or suspect exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

This release shall be binding upon our successors and assigns.

Date _____

Signature of Minor _____

Signature of Parent/Guardian _____

Date _____

MEDICAL RELEASE & RELEASE OF LIABILITY FORM

TO THE PARENT: We do not anticipate any problems, but no minor may be treated by a physician without parent authorization. Naturally you will be called immediately if we do have any problems, but there is always the possibility that promptness in treatment may be necessary. This is not said to alarm you, but make you aware that your child will be protected in every way possible. Please list below any pertinent information that might concern your child's health, such as allergies, drug reactions, chronic ailments or disorders, etc.

PLEASE PRINT

Physician's Name _____

Phone # _____

Parent/Guardian's Home Phone # _____ Cell # _____

Work # _____

Person to Contact in Case of Emergency _____

(Relationship) _____

Emergency Phone # _____

Name of Medical Insurance _____

Name of Primary Insurance Holder _____

I.D.# _____

Any allergies, medications, or other important information? _____

Signature of Minor _____

Signature of Parent/Guardian _____

Date _____

Signature of Minor _____

Signature of Parent/Guardian _____

Date _____