

PEACE LUTHERAN CHURCH
71 Loma Drive, Camarillo, CA 93010
Phone (805) 482-3313 Fax (805) 482-6044
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PARENT OR GUARDIAN CONSENT AND APPROVAL FORM

Name: _____ Date: _____

Address: _____

Email Address: _____ Phone: _____

Has my permission to participate in any activities during the calendar year of 2020. This will include the activities at the church as well off-site church activities.

Signed _____
Parent or Guardian

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I/We) the undersigned parent(s), or legal guardian(s) of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or Dental Practice Act and the staff of any acute general hospital holding current license to operate a hospital from the State of California Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of section 25.5 of the Civil Code of California.

List any Restrictions: _____

Date: _____ Parent's Signature (or Guardian): _____

This consent shall remain effective until December 31, 2020

Personal Physician: _____ Phone# _____

Allergies to drugs or foods: _____

Medication child is currently taking: _____

Father's Home Phone:# _____ Work Phone# _____

Mother's Home Phone# _____ Work Phone# _____

Another Emergency Contact: _____ Phone# _____

Insurance Company & Policy Numbers _____

I DO DO NOT give permission to share photos of my child on Peace's website, slideshows or any other public media.

RELEASE OF LIABILITY FORM (MINORS)

PEACE LUTHERAN CHURCH hereinafter referred to as "PEACE" requires a signature for all Youth Events participants. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend the PEACE Youth Event and to participate in any PEACE youth activity.

Attendee/Participants Name _____ Age _____

This RELEASE shall remain effective until December 31, 2020.

IN CONSIDERATION of attending PEACE Youth Events, I acknowledge, appreciate, and agree that:

1. Attendance and Activities of PEACE Youth Events may include but are not limited to hiking, sports games, strenuous competition games, ropes course, swimming, night games, frisbee, walking, volleyball, skiing, snowboarding and other Summer/Winter related sports and activities. I realize that unexpected dangers may arise during and associated with the above activities. I voluntarily agree to accept any and all risks of injury, death or damages of any nature resulting directly or indirectly from participation in these activities.
2. I understand that attendance at PEACE and participation in any off campus PEACE Youth Events can be physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official or supervising adult as soon as practical; and,
3. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS PEACE LUTHERAN CHURCH, their officers, agents and/or employees("releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, except that which is the result of the sole negligence and/or intentional misconduct by the Releasee.
4. I understand and agree that this Release of Liability Agreement covers attendance and each and every activity and event on or off campus in which I participate hereafter for the duration of which this RELEASE remains in effect (see above).

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed ____/____/_____
Participants Signature

Address City, State, Zip Code

Phone Number (____) _____ Email _____

Parent or guardian must read this form and sign below

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of PEACE and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns and next of kin.

X _____ Date Signed ____/____/_____

Relationship to Attendee/Participant