

New Hope Community Church

Liability Release and Authorization for Emergency Treatment



Name of Student: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____

Important: Please Read This Before You Sign This Document

I hereby release, forever discharge and agree to hold harmless, New Hope Community Church, its Pastors, Elders, Employees and Volunteers, from any and all liability, claims or demands for personal injury sickness or death, as well as property damage and expenses, of any nature, which may be incurred by the undersigned Legal Guardian/Parent/Authorized Family Representative, and the above named minor student during any church sponsored activity. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation by the above named minor in these activities. The undersigned further agrees to hold harmless and indemnify New Hope Community Church and the above named representatives, for any liability sustained by said church as the result of negligent, willful or intentional acts of the above named minor student.

Furthermore, I, the undersigned individual, herein authorize adult sponsors of New Hope Community Church activities to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment, on the advice of any physician or surgeon licensed to practice in the state of treatment, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful. This authorization given pursuant to Section 25.8 of the Civil Code of California, and shall remain effective up to the above named minor's 18th birthday, unless sooner revoked in writing and delivered to the offices of New Hope Community Church, 4620 E. Nees, Clovis, CA 93611.

Required Information

I have read and understand the above statement of Liability and Medical Release

Signature of Parent/Legal Guardian
or Authorized Representative: _____ Date: _____

Physician: _____ Physician Phone #: _____

Medical Insurance Company: _____ Policy #: _____

Date Last Tetanus Shot: _____ Medications Being Taken: _____

Other Medical Conditions: _____

Emergency Notification Numbers

Primary Contact: _____ Phone Number(s) _____

Secondary Contact: _____ Phone Number(s) _____