

PERMISSION & LIABILITY RELEASE FORM

Student Name: _____

Student Email: _____ **Student Phone:** _____

Parent Name(s): _____

Parent Email: _____ **Parent Phone:** _____

EVENT: _____

DATE(S): _____

LOCATION: _____

I hereby give my permission for my son/daughter to participate in this activity. As the legal parent/guardian of the above, I assume all and full responsibility and liability for any illness, disease, infirmity or alteration in physical condition sustained by any person for any reason whatsoever.

I hereby release REGENERATION CHURCH/CALVARY CHAPEL SANTA CRUZ, its employees and its officers (including those "drivers" helping in the transportation of students in an activity) from any and all responsibility and liability in case of illness, accident, injury, or death, and authorize any medical care deemed necessary by an accredited physician, nurse, paramedic, or hospital while involved in the aforementioned activity. In the event of illness, accident, or injury while the student is in the care of REGENERATION CHURCH/CALVARY CHAPEL SANTA CRUZ, I understand and agree that I am financially responsible for any care so provided.

In the event that it becomes necessary or advisable for any reason whatsoever to alter the itinerary or arrangements, the leadership reserves the right to make such alterations.

I understand that I will be required to pick up the aforementioned student at the leadership's request if the participant's behavior is contrary to the spirit and intent of this activity.

During the course of this event, we do not anticipate any problems; however, your child may not be treated by a physician without parental 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.

Please list below any pertinent information that might concern your child's health, such as allergies, drug reactions, chronic ailments or disorders, etc.

Physician's Name: _____ **Phone:** _____

Parent or Guardian's Home Phone: _____ **Work/Cell Phone:** _____

Alternate person to contact in case of emergency _____ **Phone:** _____

Medical Insurance: _____ (Name and Relationship) **ID#:** _____

Any medical allergies or concerns: _____

The signing of this form by the parents or legal guardian shall be deemed as consent to the above conditions.

 Signature of Parent or Guardian

 Date

 Signature of Participating Student

 Date

Please return this entire page (permission form & liability release) to your ministry leader