

First Evangelical Free Church of Fullerton

2801 N. Brea Blvd., Fullerton, CA 92835

01/01/____ through 12/31/____

MEDICAL INFORMATION:

Participants Name: _____

Date of Birth: _____ Last Tetanus Immunization: _____

Street Address: _____ City: _____ ZIP: _____

Medications: _____

Allergies: _____

Medical Diagnosis: _____

Any special needs: _____

Emergency Contact: _____ Relationship to Participant: _____

Home Phone: _____ Cell Phone: _____

E-mail Contact: _____

Family Physician: _____ Telephone: _____

Insurance Company: _____ Policy/Member #: _____

Insurance Company Telephone Number: _____

LIABILITY WAIVER, RELEASE AND INDEMNITY:

I (Parent/Guardian in the case of a dependent) hereby give permission for myself or my dependent (the "Participant") to participate in the Friday Night Live program.

The undersigned assumes all risks and hazards incidental to the participation in this program and does hereby release and waive any and all claims or actions for damage or injury of whatever kind, regardless of negligence, against First Evangelical Free Church of Fullerton ("Church"), or any of its agents or employees, or any other Friday Night Live participant. I understand and agree to release, indemnify and hold harmless the Church, and its directors, officers, employees, agents and representatives, with respect to any claims, costs, damages, losses, injuries, causes of action or liability based on or arising out of participation in Friday Night Live. This release, waiver and indemnity includes the Participant and his or her parents, guardians, heirs, successors, assigns and estate.

I acknowledge participation in Friday Night Live constitutes approval to be videoed and photographed and for those videos or photographs to be used in Church-related publications, including on the Church website, without compensation therefor.

I further give permission for emergency first aid to be given to the Participant and for transfer to the emergency room of a nearby hospital in the event of serious injury. I authorize any Church agent or volunteer to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization. I hereby give permission to the hospital staff to render medical treatment deemed necessary and appropriate. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care upon the advice of or rendered by a physician, surgeon, or dentist. The undersigned is responsible for health care decisions for the Participant and is authorized to consent to services to be rendered, and no other consent is required by law.

Signature of Adult Participant

Date

I hereby certify that I have reviewed this release with the participant whose signature appears above. I am satisfied based on that review that he or she understands this release and has agreed to its terms.

Signature of Parent/Guardian/Conservator

Date

Relationship: Parent Guardian Conservator Other: _____