



2016 Calvary Nexus Youth Activities (Bridge, Journey, Haven)

Medical and Liability Release Form
(805) 384-1182

Name of Student: _____ Grade _____

Student's Primary Ministry (please check): Bridge Journey Haven

Date of Birth: ___/___/___ Age: _____ School: _____

Street Address _____ City/Zip: _____

Best Phone Contact: (____) _____ Parent's Work: (____) _____

Medical Insurance: _____ Group/ Policy Number: _____

In emergency, notify: _____ Phone: (____) _____

Activity Restrictions: ___yes ___no

If yes, please describe: _____

Allergies: _____

My student may ride in the vehicle of an adult youth ministry leader: ___yes ___no

How did you hear about us?: _____

Liability Release

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian of a minor may authorize in writing any adult person into whose care the minor had been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to a X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. (California Civil Code Section 25.8: Added Stats. 1965, c.1524, p. 3616, s1). The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. This authorization shall remain effective until terminated in writing and delivered to an adult sponsor at Calvary Chapel Camarillo Church.

Parent / Guardian Signature: _____ Date: ___/___/___

Parent/Guardian Name (Printer): _____

Relation to student: _____