



**2017 Calvary Nexus Youth Activities  
(Journey Middle School, Haven High School)**

Medical and Liability Release Form

(805) 384-1182

Name of Student: \_\_\_\_\_ Grade \_\_\_\_\_

Student's Primary Ministry (please check Journey Haven

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Best Phone Contact: (\_\_\_\_) \_\_\_\_\_ Parent's Work: (\_\_\_\_) \_\_\_\_\_

Parent Email: \_\_\_\_\_

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 leader: \_\_\_\_yes \_\_\_\_no

**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 Nexus.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relation to student: \_\_\_\_\_