



**2018 Calvary Nexus Youth Activities
Medical and Liability Release Form**
(Journey & Haven)
(805) 384-1182

Name of Student: _____ Grade: _____
 Student's Primary Ministry (please check): **Journey** (Middle School) **Haven** (High School)
 Date of Birth: ___/___/___ Age: ____ School: _____
 Street Address: _____ City/Zip: _____
 Parent's Best Phone Contact: _____ Student's Phone: _____
 Parent's 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 approved *adult* Student Ministry leader: Yes No
 I would like my email to be added to the Student Ministry Newsletter Distribution List: Yes No

Medical and Liability Release Agreement

Every activity sponsored by this church is carefully planned and adequately supervised by Calvary Nexus approved adults. However, even with the best of planning and precaution, unforeseen events can occur. Please carefully read the agreement of liability and medical release. IN CONSIDERATION of being permitted to participate in any way in Calvary Nexus sponsored activities, I, the parent or legal guardian, acknowledge, appreciate, and agree that:

1. I, the parent or legal guardian, knowingly and freely assume all risks and hazards inherent to any church-related activities, both known and unknown, and assume full responsibility for my child's participation and;
2. I, for myself on behalf of my heirs, assigns, executors, administrators, legal representatives and next of kin, HEREBY RELEASE ALL LIABILITY AND HOLD HARMLESS CALVARY NEXUS, or it's employees or volunteer assistants for: a) any personal injury caused by a1) my child, a2) any conduct of church's representative or other students, b) disability or illness, c) death, d) loss or damage to person or property, whether caused solely or partly by the negligence, intentional acts, or willful conduct of the activity provider, and;
3. By this Agreement, I authorize Calvary Nexus staff or volunteer to administer First Aid to my child (including over-the-counter-medicines) required to treat illness or injury. The signature of the parent or guardian below is intended to serve as a medical release, and;
4. 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), and;
5. I certify that my child is able to physically, mentally, emotionally participate in church-related activities unless otherwise listed in the "Activity Restrictions" written above, and;
6. I certify that my student may be featured in pictures/videos/recordings for church-related promotions (i.e. social media, flyers, etc.), and;
7. I HAVE CAREFULLY READ THIS AGREEMENTS AND FULLY UNDERSTAND ITS CONTENTS. I am aware that this form is both a release of liability and medical release. I am signing it of my own free will and voluntarily without any inducement. This authorization shall remain effective until terminated in writing and delivered to a staff person at Calvary Nexus. Any incidents that occur prior to written termination of liability will remain under the release terms of this signed agreement.

Parent Signature: _____ Date signed: _____

Parent Name Printed: _____

Student Signature: _____ Date signed: _____