

Ministry: _____ Add me to this ministry e-news list _____

2020 ADULT MEDICAL INFORMATION & LIABILITY RELEASE FORM

PARTICIPANT'S NAME _____ **DATE OF BIRTH:** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

PHONE: (home) _____ (cell) _____ **EMAIL:** _____

IN CASE OF EMERGENCY CONTACT:

NAME _____ **RELATIONSHIP** _____

PHONE: (home) _____ (cell) _____ **EMAIL:** _____

This information is vital in case you are injured and need medical attention and are an unable to communicate:

SPECIAL NOTATION REGARDING MY HEALTH: _____

Insurance Company _____ **Policy#** _____

Health History (Please fill out completely!)

Allergies:

- Drug Allergies
- Asthma
- Hay Fever
- Insect Bites
- Other

Major Health Problems:

- Diabetes
- Cardiac
- Chronic Asthma
- Nervous Disorder
- Epilepsy

- Physical Handicap
- Emotional Handicap
- Mental Handicap
- Seizure Disorder
- Other

Give details for all items checked: _____

Current Medications: _____ **Reaction** _____ **Activity Restriction** _____

Date of Last Tetanus Shot _____

I hereby waive all claims, which I might have against North Coast Calvary Chapel, their agents and employees for injury, accident, illness, or death occurring during or by reason of the following NORTH COAST CALVARY CHAPEL ALL CHURCH EVENTS FROM THE DATE SIGNED **THROUGH DECEMBER 31, 2020.**

(I) do hereby authorize North Coast Calvary Chapel as agents for the undersigned to consent to any X-RAY examination, anaesthetic, medical surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, where such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required, but it is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his best judgement may deem advisable. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

In consideration of and the benefit to be derived by the undersigned herefrom, undersigned individually and or as a parent or guardian, for himself and/or themselves, his and/or their heirs, executors, administrators, and assigns hereby release and forever discharge North Coast Calvary Chapel, their officers, employees, servants, agents and all persons connected with the above mentioned of and from all rights, claims, demands, and actions that may now or hereafter have, for any loss, damage, or injury sustained by the undersigned before, during or after church-related events, activities, or trips.

I acknowledge that I have my own medical insurance and release North Coast Calvary Chapel from all medical liability. This consent form is valid for all activities from the date signed through **December 31, 2020.**

I HAVE PROVIDED ALL INFORMATION REQUESTED ABOVE TO THE BEST OF MY KNOWLEDGE AND ABILITY. ADDITIONALLY, I HAVE READ THE ABOVE RELEASE AND DISCLAIMER AND UNDERSTOOD ITS PROVISIONS.

SIGNATURE X _____ **DATE** _____

General Liability Release for Trips

North Coast Calvary Chapel is a nonprofit Christian corporation located in Carlsbad, CA. Any individuals who accompany North Coast Calvary Chapel on a ministry trip or other church-related trip do so freely and of their own accord. We are glad to act as a host organization while on a trip suggesting activities and assisting in transportation. We do, however, require that each individual accompanying North Coast Calvary Chapel on this trip sign the following agreement.

In consideration of the services extended by North Coast Calvary Chapel, the volunteer / traveler fully and finally releases and discharges against North Coast Calvary Chapel, its representatives, agents, servants, employees or any of them, all actions, claims and demands whatsoever which the volunteer / traveler may have or which may here-after accrue in favor of the volunteer / traveler (including but not limited to all injuries to the person or property of the volunteer / traveler) however arising out of any matters, incidents, acts, equipment and /or circumstances, which them or any of them might otherwise now or hereafter have or sustain, upon any theory of liability whatsoever or howsoever claimed unless such liability arises as the result of the intentional or willful misconduct of North Coast Calvary Chapel or their employees or representatives, or any other persons or organization acting within the scope of their employment or relation to North Coast Calvary Chapel. The volunteer / traveler agrees to save and hold harmless and to fully and completely indemnify North Coast Calvary Chapel, its officers, employees and representatives against any and all claims, suits and/or judgments related to any of the matters as to which they or any of them are herein above released as well as against all claims, suits, damages, and/or judgments arising out of the acts or conduct of the volunteer / traveler and/or volunteer / traveler's representatives, and against all loss, damage, liability, expense or costs by reason or on account of any such claim, suit or judgment. This release and indemnity agreement shall apply to all known, unknown and/or unanticipated injuries and damages resulting from or during the volunteer / traveler's participation on the trip from any cause whatsoever, as aforesaid, and VOLUNTEER / TRAVELER INDIVIDUALLY AND ON BEHALF OF ALL OF HIS AFORESAID REPRESENTATIVES, HEIRS, DEVISEES, LEGATEES AND DEPENDENTS EXPRESSLY WAIVES THE PROVISIONS OF SECTION 1542 OF THE CIVIL CODE OF THE STATE OF CALIFORNIA AND ANY SIMILAR PROVISIONS OF THE LAWS OF ANY OTHER JURISDICTION, WHICH SAID CODE SECTION READS AS FOLLOWS:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

I HAVE READ THE ABOVE RELEASE AND DISCLAIMER AND UNDERSTAND ITS PROVISIONS:

SIGNATURE X _____ **DATE** _____