Ministry	/ :		

North Coast Calvary Chapel

PARENTAL PERMISSION/MEDICAL INFORMATION FOR

1330 Poinsettia Lane Carlsbad, CA 92011 Phone: 760.929.0029	Fax: 760.929.0		OR'S PARTICIP	ATION IN EVE	ENTS <mark>2023</mark>	
MINOR PARTICIPANT'S NAME_		GRAD	E AGE	_ DATE OF BIRTH:	SEX: M	or F
PHONE #	ADDRESS		CITY	,	ZIP	
N CASE OF EMERGENCY CALL	.: NAME		RELA	TIONSHIP		
PHONE #s: (home)	(work)		(cellular)		(email)	
SPECIAL NOTATION REGARDIN						
nsurance Company		Policy#				
#1 Medical Information a Minor's Health History: (Check all Allergies Drug Allergies Asthma Hay Fever Insect Bites Other	those that apply)	plems _Physical Handicap _Emotional Handicap _Mental Handicap _Seizure Disorder _Other	Please give details fo	ast Calvary Chapel a		the medications listed or over the
Any Kind of Medication Being Tak	en	Reaction	Activity Rest	riction	Date of Last Tetanus Sh	not
hereby waive all claims, wo occurring during or by reason 12/31/2023. (I) (We) (Parent) (Guardian) any X-RAY examination, ana general or specific supervision ospital, where such diagnosit is understood that this authors	of the following of the minor child esthetic, medical on of any physicia s or treatment is re	named above do he surgical diagnosis on or surgeon licens endered at the office	reby authorize Nort r treatment and hosed under the provise of said physician o	h Coast Calvary C pital care which is ions of the Medic r at said hospital.	EVENTS FROM THE chapel as agents for the s deemed advisable to all Practice Act on the	the undersigned to consent to by and is rendered under the medical staff of a licensed
authority and power on the paforesaid physician in the execution in the execution of the control	part of the aforesa	aid agents to give a	a specific consent to	o any and all [†] suc	h diagnosis, treatmer	nt or hospital care which the
n consideration of and the behavior their h						

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.

Parent acknowledges that they have their own medical insurance and release North Coast Calvary Chapel from all medical liability.

#2 General Liability Release for Trips

North Coast Calvary Chapel is a nonprofit Christian corporation located in Carlsbad, CA. Any minors who accompany North Coast Calvary Chapel on a ministry trip or other church-related trip do so only with full and expressed permission of minor's legal parent/guardian. We are glad to act as a host organization while on a trip suggesting activities and assisting in transportation. We do, however, require that you sign the following agreement for each minor child accompanying North Coast Calvary Chapel on this trip.

In consideration of the services extended by North Coast Calvary Chapel, the parent/guardian of the minor 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 parent/guardian of the minor volunteer / traveler may have or which may here-after accrue in favor of any of the parent/guardian of the minor volunteer / traveler (including but not limited to all injuries to the person or property of the minor volunteer / traveler or the parent/guardian of the minor 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 parent/guardian of the minor 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 related to any of the matters as to which they or any of them are nerein above released as well as against all claims, suits, damages, and/or judgments arising our 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 parent/guardian of the minor 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."

#3 Parent/Guardian Permission and Responsibility

I, being the legal parent/guardian of the aforesaid minor child, expressly give my permission for aforesaid minor child to participate in the above listed event, activity, or trip, including all transport involved during all dates listed above.

I understand that in the event that my child behaves in a manner deemed unacceptable by the adult leader, I will immediately pick up my child at my own expense, or make arrangements for immediate pick-up my child at my own expense.

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 UNDERSTAND ITS PROVISIONS.	

ABOVE RELEASE AND DISCLAIMER AND UNDERSTAND ITS PROVISIONS.	NOWLEDGE AND ABILITY. ADDITIONALLY, I HAVE
Signature of Legal Parent/Guardian	Date