

THE CHURCH AT RANCHO BERNARDO ("CRB")

RELEASE OF LIABILITY/MEDICAL TREATMENT CONSENT FORM

I, the undersigned parent or guardian of _____ a minor, hereby grant permission for my son/daughter to participate in activities sponsored by CRB from January 1, 2012 – December 31, 2012.

I/We hereby waive all claims that I/We might have against and agree to indemnify and hold harmless The Church at Rancho Bernardo, including but not limited to their officers, agents, employees, and any parties volunteering on behalf of The Church at Rancho Bernardo, for injury, accidents, claims, liabilities, penalties, loss or illness occurring during, or by reason of any activity. I/We further agree to indemnify and hold harmless The Church at Rancho Bernardo, their officers, agents, volunteers, and employees against claim liabilities, penalties or loss resulting from or as consequence of said activity. I may revoke this permission in writing to Dan Vandewarker at anytime with reasonable notice.

In the event I cannot be reached during a medical emergency, I do hereby authorize any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care rendered under the supervision of any physician or surgeon on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

Further, as parent or guardian of the above-named minor, I do hereby consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to be financially responsible for any such treatment and to hold blameless any physician, hospital or other medical center for rendering such services without first notifying me.

Name of Student: _____ DOB: _____

Grade: _____ School: _____

Student Cell: _____ Cell Phone Provider: _____

Insurance Co. Group: _____ Policy Number: _____

Name of Parent | Guardian: _____ Telephone: _____

Address: _____ Cell Phone: _____

City | State | Zip: _____

Signature of Parent | Guardian

Date