

Medical, Photo, & Liability Release Form

Atascadero United Methodist Church

Effective dates: August 2018 to August 2019

Please print in ink

Name of Participant: _____
LAST FIRST MIDDLE INITIAL

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Birthday: _____ Year in School: _____ Male Female

Parent/Guardian: _____ Phone: Cell _____ Work: _____

Parent/Guardian: _____ Phone: Cell _____ Work: _____

Email: (please provide working email for important updates or changes) _____

Medical insurance company: _____ Policy # _____

Emergency Contact: _____ Relation: _____ Phone: _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a:

- good swimmer fair swimmer non-swimmer

2. Does your child have allergies to: (please provide any necessary details of the allergies)

- pollens medications food insect bites

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

- asthma epilepsy / seizure disorder heart trouble
 frequently upset stomach physical handicap diabetes

4. Date of last tetanus shot: _____

5. Does your child wear glasses contact lenses

6. Additional comments including any necessary medication that may need to be monitored by AUMC Youth Counselors:

7. Should this child's activities be restricted for any reason? Please explain:

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For your information, we expect each student to conform to these 4 basic rules of conduct while participating at events with the youth group of Atascadero United Methodist Church:

1. **WE TAKE CARE OF EACH OTHER.** This means we don't hit, kick, put-down or laugh at, or knowingly hurt anyone. We appreciate one another.
2. **WE TAKE CARE OF OUR THINGS.** This means we are careful of our own belongings as all as the belongings of others. We don't knowingly break things or destroy property of other people in the church. We clean up after ourselves and repair or replace things we break.
3. **WE KEEP OUR SCHEDULE.** This means we are on time to our classes and that we remain inside the building, unless we are with a leader. We call if we are going to be late or if we are going to be absent from THE Mix or from an assigned Sunday worship leadership responsibilities.
4. **WE HAVE GREAT FUN . . .** at no one's expense! We practice good sportsmanship. We encourage, support and cheer for each other whenever we play, study, sing or share a meal!

Parent/Guardian signature: _____ **Date:** _____

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Director of Youth Ministries prior to that event.*

Conformed as to California law

I hereby authorize the **Atascadero United Methodist Church** and his/her officers, agents, servants, or employees who are 21 years of age or older, who supervise the activities at this event into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child under Sections 6901, 6902, and 6910 of the California Family Code.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the Atascadero United Methodist Church and it's officers, agents, servants, or employees who are 21 years of age or older, who supervise the activities at for the Atascadero United Methodist Church, to receive physical custody of my child, under Section 1283 (a) of the California Health and Safety Code, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Atascadero United Methodist Church and his/her officers, agents, servants, or employees who are 21 years of age or older who supervise the activities at the Atascadero United Methodist Church It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise of his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

Parent/Guardian signature: _____ **Date:** _____

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PARTICIPANT RELEASE OF LIABILITY READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Atascadero United Methodist Church their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event {RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted bylaw.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE
(UNDER AGE 21 AT TIME OF REGISTRATION)

This is to certify that I as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES to the fullest extent permitted bylaw.

Parent/Guardian signature: _____ **Date:** _____

PHOTOGRAPH AND VIDEO RELEASE

I agree to allow the use and release of photographs and videos of my child related to the events of which my child has participated in for the use of Atascadero United Methodist Church, as relating but not limited to monthly newsletters, use for social media, and other marketing material.

I agree to the terms for photo and video release **I decline to allow photo and video release**

Name of Participant: _____
LAST FIRST MIDDLE INITIAL

Parent/Guardian signature: _____ **Date:** _____