



Medical/Liability/Image Release Form
Valid through December 2018

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address/City/Zip \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
Other Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Health History (check all that apply)

Substance Abuse Insect Stings Chronic Asthma Epilepsy
Hay Fever Allergies Frequent Colds Diabetes
Stomach Upsets Heart Condition Physical Handicap Other

Details (i.e. include normal treatment or allergic reactions) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Name and dosage of medication that must be taken \_\_\_\_\_

Activity restrictions? Yes No What restrictions? \_\_\_\_\_

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while you are at the activity/trip.

Do you have Health Insurance Yes No Name of Insurance Co. \_\_\_\_\_
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_ Authorization Phone Number \_\_\_\_\_

MEDICAL RELEASE: In the event I cannot be reached in an emergency during the activity dates shown above on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for me or my child as deemed necessary. I also authorize the nurse on duty or trip leader at the activity to administer medical aid as required for illness or injury under a physician's orders. This form is for any and all in-town events, projects, ministries, small groups, or trips involving Corona Friends Church.

LIABILITY RELEASE: No recreational activities are without the possibility of unforeseen hazards. Certain activities inherently have risks associated with them. Therefore, we want to individuals to them. It is impossible to list all such risks. Personal injury and property damage may result from participating in some of our activities which may include strenuous competition games, broom hockey, skiing, snow tubing, ice skating, snow boarding, other winter related sports and activities, boating, biking rappelling, night games, volleyball, roller-skating/blading, skate boarding, swimming, other water and summer related sports which we allow. Injury and property damage may also result from activities which we do not allow thereby violating our standing common sense rules. The intent of this Liability Release is to prevent Corona Friends Church from being held liable for injuries to person or property when attendees of our activity/trips are injured as a result of an activity/trips which we do or do not allow. By signing this form you agree to assume and accept all risks and hazards. The signer also agrees not to hold Corona Friends Church, its pastors, employees, lay staff or volunteer staff liable for damages, losses or injuries to the person(s) or property including results for active negligence or other wrongful conduct on the part of Corona Friends Church, its pastors, employees, lay staff or volunteer staff. The signer understands that they are signing for the minor listed on this form and that they further understand that signing this Liability Release constitutes a full and complete release from liability insofar as Corona Friends Church is concerned and in agreement to hold said church harmless and relieved of any responsibility for injury or damage to you or your child.

IMAGE CONSENT: On occasion, Corona Friends Church, takes photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in Corona Friends Church publications or advertising materials, (including the website and social media) to let others know about our ministry. I consent to the use of any such audio or visual record of the child named above or me, if I am participating, to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. There is no monetary compensation.

The signature below is for Medical, Liability and Image release

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_