



## Responsibility Disclaimer Exoneración de Responsabilidades

<p><b>Exoneración de Responsabilidades</b> Soy consciente de que al firmar este documento exoneró a la Alianza Cristiana y Misionera, su Distrito Hispano del Este, su Comité de Trabajo con la Juventud, sus agentes y miembros, por daños y perjuicios, reclamos, demandas, pérdidas y responsabilidades referentes a cualquier incidente, daño de propiedad, herida corporal, y/o fallecimiento. También estaré dispuesto(a) a indemnificar a la Alianza Cristiana y Misionera, su Distrito Hispano del Este, su Comité de Trabajo con la Juventud, sus agentes y miembros por daños a la propiedad, heridas corporales, o fallecimiento causados por mi hijo(a) durante su participación en este evento.</p> <p><b>Permiso Para Uso de Fotos y Videos</b> Al participar de este evento permito que el Distrito Hispano del Este de la Alianza Cristiana y Misionera guarde, maneje, manipule y utilice cualquier fotografía o video de mi persona/mi hijo(a) que sean elegidos para ser usados en publicaciones, Internet, películas, y material impreso para el consumo y disfrute de personas dentro y fuera del Distrito Hispano del Este de la Alianza Cristiana y Misionera sin yo recibir ninguna clase de remuneración. De no querer participar de esta oportunidad es mi responsabilidad notificar por escrito al Distrito Hispano del Este pidiendo que no se utilice mi foto o video enviando consigo una foto actual para poder identificarme antes de la fecha de publicación, impresión o uso en general.</p>	<p><b>Responsibility Disclaimer</b> I am aware that by signing this document I exonerate the Christian and Missionary Alliance, the Spanish Eastern District, its Youth Commission, its agents, employees, officers and members for damages and claims, suits, loses and responsibilities related to any incident, property loss, body injuries and/or death. I will also be willing to indemnify the Christian and Missionary Alliance, the Spanish Eastern District, its Youth Commission, its agents, employees, officers and members for property damages, body injuries, and/or death caused by my child/ward during his/her participation of this event.</p> <p><b>Permission to Use Videos and Pictures</b> By participating in this event I give permission to the Spanish Eastern District from the Christian and Missionary Alliance to keep, manage, handle and use any pictures o videos of myself/my child/ward that are chosen to be used in publications, internet, movies and printed material for the consumption and enjoying of people inside and outside of the Spanish Eastern District from the Christian and Missionary Alliance without me/my child receiving any remuneration. If I/my child do not desire to participate of this opportunity it is my responsibility to notify the Spanish Eastern District by writing asking not to use my/my child's pictures or video and attach a picture for identification, before the date of publication, printing or use in general.</p>
<p><b><u>Student Signature/Firma del Estudiante</u></b></p>	<p><b><u>Print Name/Nombre en Letra de Molde</u></b></p>
<p><b><u>Date/Fecha</u></b></p>	

(Si es menor de edad complete la siguiente parte/If under 18 please fill out the information below)

**Esta parte tiene que estar firmada por ambos padres si el estudiante es menor de edad  
This section needs to be signed by both parents if the student is under 18**

<p>Yo soy padre/encargado legal del estudiante arriba inscrito, el cual es menor de edad. He leído las condiciones de exoneración de responsabilidad y las entiendo y acepto. Estoy de acuerdo con la participación de mi hijo(a) en este evento, incluyendo todas las actividades realizadas durante el mismo. Hago de este documento uno vigente para mí, mis herederos, familiares, representantes legales, beneficiarios, sucesores, y asignados.</p> <p>*Si este documento ha sido firmado por solo un padre o encargado legal, certifico que (1) soy el único responsable por el cuidado del estudiante arriba inscrito debido a fallecimiento, incapacidad del otro padre o encargado legal, o por orden de la corte o (2) he hecho lo posible para conseguir la firma del otro padre o encargado legal pero no he podido lograrlo por razones ajenas a mi control.</p>	<p>I am the parent/legal guardian of the student above registered, who is under the age of 18. I have read the responsibility disclaimer statement and I understand and accept it. I agree to let my child/ward participate in this event, including all the activities performed during the same. I make this document a current one for me, my relatives, legal representatives, beneficiaries, successors and assignees.</p> <p>*If this document has been signed by only one parent/guardian, I certify that (1) I am the only one responsible for the care of the student above registered due to death, incapability of the other spouse or legal guardian, or by order of the court or (2) I have done everything I can to get the signature of the other parent or legal guardian but I haven't been able for reasons beyond my control.</p>
<p><u>Firma del Padre / Encargado Legal</u> <u>Father/ Legal Guardian Signature</u></p> <p><u>Firma de la Madre/ Encargada Legal</u> <u>Mother's/ Legal Guardian's Signature</u></p>	<p><u>Print Name:</u></p> <p><u>Print Name:</u></p>
<p><u>Fecha/ Date:</u></p>	



## Formulario Medico /Medical Consent Form

In case my child/ward is in need of any necessary medical or surgical treatment to protect his/her health and welfare while he/she is participating in the Summer Camp Program. I direct the Christian and Missionary Alliance (“C&MA”), Spanish Eastern District(“SED”), Youth Commission (“YC”), and any of its authorized agents, officers, employees, members, to contact the signatories of this document, and if none are available, the additional two individuals identified below, to obtain authorization and consent for such treatment. If none of these individuals are available to authorize and consent to the administering of medical or surgical treatment, and if such treatment is necessary to protect my child/ward’s health and welfare, I further authorize and agree to allow my authorized agent or the authorized member of the “Comite de Trabajo con la Juventud del Distrito Hispano del Este de la Alianza Cristiana y Misionera” –(C&MA, SED, YC) to consent and authorize the administering of such necessary medical and or surgical treatment. I acknowledge and agree that the release of liability, hold harmless, and indemnification provision set forth in the Discharge waiver and release signed together with this document shall apply to any authorization and consent to medical or surgical treatment on behalf of my child/ward made by “C&MA, SED, YC” or its authorized agents or employees.

Name of Student:	Age:
Primary Phone number to Contact Parents:	
Father's Signature:	Date:
Father's Printed Name:	
Mother's Signature:	Date:
Mother's Printed Name:	
Other Individuals authorized to contact:	
Name:	Relationship:
Address:	
Telephone:	
Name:	Relationship:
Address:	
Telephone:	

