

CALVARY BIBLE CHURCH, INC. MEDICAL & LIABILITY RELEASE
48 MANOR STREET, BAKERSFIELD, CA 93308 (661) 327-5921

PARTICIPANT'S NAME _____ SEX _____ AGE _____ BIRTHDATE ____/____/____

ADDRESS _____ CITY _____ ZIP _____ PHONE ____ (____) _____

IN EMERGENCY NOTIFY _____ PHONE ____ (____) _____ RELATIONSHIP _____

FAMILY DOCTOR _____ PHONE ____ (____) _____

I, as parent or guardian, authorize this Medical/Liability Release to be **good through December 31, 2015** () Yes () No, only good through _____

HEALTH HISTORY:

____ DRUG ALLERGIES _____ HAYFEVER _____ INSECT STINGS _____ OTHER ALLERGIES
____ DIABETES _____ HEART CONDITION _____ FREQUENT COLDS _____ CHRONIC ASTHMA
____ PHYSICAL HANDICAP _____ FREQUENT STOMACH UPSETS _____ EPILEPSY OR OTHER NERVOUS DISORDER

If any of the above are checked, please give further details (including normal treatment of allergic reactions) _____

Date of last tetanus shot: _____ Name and dosage of any medications that must be taken: _____

Any swimming restrictions: Yes _____ No _____ Any activity restrictions? Yes _____ No _____ What restrictions if any? _____

If your child should require medical attention at an activity for injuries received or illnesses contracted prior to coming to an activity, please send us the information necessary to give your child proper medical service during activities.

Calvary Bible Church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is attending a C.B.C. activity. Do you have health insurance? Yes _____ No _____

Please give the name and address of your insurance company:

Insurance Company _____ Main Insured's Name _____

Address _____ Phone ____ (____) _____ Policy Number _____

MEDICAL RELEASE:

In the event I cannot be reached in an emergency during the activity dates as shown on this form, I hereby give my permission to the physician or dentist select by C.B.C. to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the C.B.C. Sponsor/Leader to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release.

LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT:

No recreational activities are without the possibility of unforeseen hazards. All recreational activities have the inherent possibility of injury to person or property and we want to alert parents, guardians and other individuals to that fact. 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, but not limited to: strenuous competition games, broom hockey, night games, volleyball, roller skating, swimming, and other related sports and activities which we allow. Injury and property damage may also result from activities, which we do not allow and may result from participation in activities, which are prohibited, violating our rule that there is to be no messing around. The intent of this Liability Release is to prevent C.B.C., Inc. from being held liable for injuries to person or property when users of our facilities are injured as a result of their being present on our grounds whether they are engaging in an activity which we allow or not. Your signature on this Liability Release constitutes your agreement and the agreement of you child for whom you are signing this Release not to hold C.B.C. officers, agents or employees liable for damages, losses or injuries to person or property. This release does not apply to intentional and/or willful acts of misconduct by C.B.C. or any of its officers, agents or employees. The parents or guardians understand that they are signing for the minor listed on this form and they further understand that signing this Liability Release constitutes a full and complete release from liability insofar as C.B.C., Inc. is concerned and agreement to hold C.B.C., Inc. harmless for any injury or damage to your child. For promotional or marketing purposes C.B.C., Inc. reserves the right to use any audio, video, and/or photography of persons participating in C.B.C. activities and/or events.

PARENT OR GUARDIAN SIGNATURE _____ **DATE** _____

(You may sign your own Release if you are 18 or older.)

PRINT NAME _____ **RELATIONSHIP TO PARTICIPANT** _____