



2016-2017 Medical Release Form

Participant Name: _____ Phone: _____
 Address: _____
 Age: _____ Birth Date: _____ Email: _____ Male Female


Parent/Guardian Name: _____ Phone: _____
 Address: _____ Occupation: _____
 Work Phone/Pager: _____ E-Mail: _____

Adult Participant or Parent/Guardian are required to sign document below to acknowledge understanding & agreement of the content. This document is valid through December 31 2017.

Name of Participant: _____ (Please Print)

I, the undersigned person or if a minor, parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the activities offered by Christ Lutheran and the LIFEhouse youth ministries. The undersigned person or minor is physically able and mentally prepared to participate in all activities offered. In consideration of said person or minor being permitted to participate in the Christ Lutheran and the LIFEhouse youth ministries use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself or as parent/person having legal custody/guardianship hereby:

1. Acknowledge that (i) I have read this document and I voluntarily sign this document.
2. Release Christ Lutheran and the LIFEhouse youth ministries, it's directors, officers, employees and volunteers (collectively "Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releases or otherwise and while traveling to, during and traveling back from the Christ Lutheran and the LIFEhouse youth ministries activities.
3. I agree not to sue Releases for any loss, damage, injury or death described above and I will indemnify and hold harmless Releases and each of them from any loss, liability, damage or cost they may incur due to said person or minor's presence during the Christ Lutheran and the LIFEhouse youth ministries activities, whether caused by the negligence of Releasees.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. I do hereby authorize Releasees as an agent for the undersigned, to consent with respect to said person or minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that Christ Lutheran and the LIFEhouse youth ministries or individuals planning or working the trip is not responsible for cost incurred for medical care.
6. Christ Lutheran and the LIFEhouse youth ministries may use the above listed participant's photo for promotional purposes including website and flyers.

 _____
Adult Participant or Parent/Guardian Signature (Signed Document good until December 31, 2017) _____ **Date** _____

Emergency Information-PLEASE WITH COMPLETE TWO EMERGENCY CONTACTS OTHER THAN THE GUARDIAN LISTED ABOVE

Name of Contact:	Relationship:
Address:	Phone/Cell:
Phone/Home:	Phone/Work:
Name of Contact:	Relationship:
Address:	Phone/Cell:
Phone/Home:	Phone/Work:

Health History Information

Check If Applicable or Allergic: Diabetes Insect Stings Penicillin Epilepsy Behavioral Problems

Other: _____

Operations/Serious Injuries/Diseases/Restrictions on Physical Activity: _____

Height _____ Weight _____

Name and purpose of any medication: _____

Information Required by State Law

Health Insurance: Yes No Company: _____

Policy Number: _____ Family Doctor: _____

Doctor's Address: _____ Doctor's Phone: _____