

El Dorado Park Community Church
3655 Norwalk Blvd.
Long Beach, CA. 90808

Part I

PARTICIPANT/PARENT/GUARDIAN WAIVER & INDEMNITY AGREEMENT

Name of student: _____

1. Release of Liability:

I understand that participating in **El Dorado Park Community Church** activities is a privilege. In consideration for the privilege, I am signing this Release of Liability form on behalf of myself and my minor child(ren) participating in Platte Canyon Community Church activities. I understand that by partaking of Platte Canyon Community Church activities, my child(ren) and/or I may participate in any number of activities, some of which include, but are not limited to, recreational activities and games, water rafting and rock climbing. I understand that there are certain risks of physical injury or illness associated with activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks, whether such risks are known or unknown to me at this time. I further release **El Dorado Park Community Church**, including its directors, volunteers, employees and agents, from any claim that my child or I may have against them as a result of physical injury or illness incurred during participation in Platte Canyon Community Church activities. This Release of Liability shall include, without limitation, any claims for negligence and breach of fiduciary duty against Platte Canyon Community Church and its employees or agents.

2. Authorization of Medical Treatment:

With the increasing sophistication of the medical system, I understand it is necessary to have a parental consent form in the unlikely event of an injury or condition requiring medical treatment of my child.

This release and consent give Platte Canyon Community Church the permission to take my child to the nearest, available medical facility and have any necessary emergency treatment administered.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME; HOWEVER, IF I CANNOT BE REACHED, I HEREBY GIVE PLATTE CANYON COMMUNITY CHURCH THE PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE PLATTE CANYON COMMUNITY CHURCH AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT.

I have read and agree with the foregoing information "Parental Consent & Release of Liability".

I give my permission and release any rights to images/photos of my minor child to be used for youth ministry related material (i.e. the church website, promotional material, youth event shows, etc.).

Parent/Guardian Signature: _____ **Date:** _____

Circle one: Mother Father Legal Guardian

Student's Birthdate: _____

Parent/Guardian Information (please *PRINT* name) _____

Street address: _____ City & Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____

Medical Insurance Company: _____

Group Certification ID #: _____