

Creekside Christian fellowship

4849 Alton Parkway (Corner of Alton and Creek)
Irvine, CA 92604
(714) 368-1850

LIABILITY RELEASE FORM

It is my desire that my child/ward participate in the activities of Creekside Christian Fellowship, therefore:

I, the undersigned parent/guardian of _____, do hereby authorize and adult sponsor of Creekside Christian Fellowship or any responsible adult person bearing this written authorization, into whose said care the above mentioned minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical/dental care is to include, but not be limited to, any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed medical doctor or dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to any and all such diagnosis. Treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgement may deem advisable. This authorization shall include transportation to receive the medical or dental care.

FINANCIAL RESPONSIBILITY

In the event of injury to my child, I agree that I/we and my healthcare insurer shall be financially responsible for any medical treatment required by my child/ward as a result of any injury or illness suffered during his/her participation in any church related activities.

RISK

I am aware that these activities may involve some hazards. I have considered these risks and I still wish my child/ward to participate. Furthermore, I agree not to bring legal action against Creekside Christian Fellowship, staff or sponsors as a result of any injuries suffered in the course of his/her participation.

DISPUTE

In the event a dispute arise between myself and Creekside Christian Fellowship concerning injuries to my child/ward, than I agree that this dispute shall be resolved by a Christian arbitrator acceptable to both sides. The cost of the arbitrator is to be shared equally by the parties. All applicable statutes of limitation shall apply and arbitration must be requested within the appropriate period in order to preserve a right to recovery.

TERMS OF AGREEMENT

This authorization will remain in effect from June 30, 2007 until June 30, 2008 while the minor above is en route to or from involved or participating in any program or activity authorized by Creekside Christian Fellowship, unless revoked by the undersigned in writing and delivered to the agent of Creekside Christian Fellowship

Date Signature Relationship

Date Signature Relationship

Address City, State, Zip

Daytime Phone Evening Phone

Over please

**Registration and Medical Release/Consent Form
Creekside Christian Fellowship**

Student's Name _____ Age _____ Sex _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Birthdate _____ Name of Parent _____

Name of Parent _____

Duration of this consent form June 30, 2007 until June 20, 2008

Emergency Information:

Parent(s) Work Phone: (____) _____ (____) _____

Alternate Contact Name: _____ Relationship: _____ Phone#: _____

Health History:

_____ Allergies	_____ Asthma	_____ Medication/Drug Allergies
_____ Hay Fever	_____ Insect Stings	_____ Seizure Disorder
_____ Diabetes	_____ Epilepsy	_____ Emotional/Mental Handicap
_____ Cardiac	_____ Chronic Asthma	_____ Nervous Disorder
_____ Physical Handicap		

_____ Other _____

*If you have marked any of the above, please list the details:

Activity Restrictions:

Date of last Tetanus Shot: _____

Insurance Information:

Policy Holder: _____ Policy #: _____

Name of Insurance Company: _____

This health history is correct, and the person herein described has permission to engage in all church activities except as noted above.

In the event that I cannot be reached in an emergency during the church activity, I hereby give permission to the physician or dentist to secure proper treatment and/or to order injection, anesthesia, or surgery for my child as deemed necessary.

I also authorize Creekside Christian Fellowship representatives to administer medical aid as required for illness or injury a physicians orders.

Signature of Parent(s) or Guardian(s): _____ Date: _____

_____ Date: _____