



Parent Permission - Release/Waiver Form

(Please complete this form for each child participating in any and all events. This form is adequate for all church activities and is valid for at least one year.)

Child's Name _____ Child's Birth date _____ Grade _____
 Address _____ City _____ Zip _____
 Phone (home) _____ (cell) _____
 Email _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR:

(I) (We), the undersigned, parent(s) of _____, a minor, do hereby authorize Church of the Open Door and its leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

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 our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until the parent(s) have indicated otherwise in writing to said agent(s).

_____ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend Church of the Open Door, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, attorneys' fees, reasonable investigative and discovery costs, court costs, and all other sums which COD, its agents, servants, employees, officers, and directors may pay or become obligated to pay on account of any, all and every demand for, claim or assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____ (student's name) use of real personal property belonging to COD, its agents, servants, employees, officers and directors, or by any action or omission by _____ (student's name)

Mother's/Legal Guardian's name Phone (home) Phone (work/cell)

Father's/Legal Guardian's name Phone (home) Phone (work/cell)

Other Emergency Contact _____ Phone _____

Family Doctor _____ Phone _____

Date of last immunization _____

Medications/Allergies or any conditions C.O.D. should be aware of? _____

Name of Insurance Provider _____

Insurance coverage for accidental injury is required for all participants. In most cases, family health insurance is adequate.

Waiver:

I understand a student who does not abide by the rules of the Church of the Open Door may be dismissed from the activity. Signature of student and Parent/Guardian on this form waives and releases all volunteers from liability due to injury or illness incurred during activities or traveling to and from church. Students' are responsible for their own property. COD and the volunteers will not be responsible for lost or stolen items.

Photo Release: I do _____ do not _____ give the Church of the Open Door and to its employees and agents the right to photograph my dependent (student) and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronics, print, digital, or electronic publishing including via the Internet.

Signature of Parent/Guardian Date Signature of Participant Date