



PARENT/ GUARDIAN CONSENT AND RELEASE FORM

Version 1.1, August 20, 2018

ATTENTION: A completed and signed copy of this form is required for attendance at West Coast Chinese Christian Conference. Any alterations to this document will make it invalid, and another signature will be required.

Minor:

Last Name: _____ First: _____ Middle: _____

Address: _____

Gender: _____ Phone: _____

Parent/ Guardian:

Last Name: _____ First: _____ Middle: _____

Address: _____

Gender: _____ Phone: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Insurance Information:

Insurance Carrier: _____ Policy Number: _____

PARENT/ GUARDIAN AUTHORIZATION:

This information is correct, to the best of my knowledge. The minor named above is considered physically, mentally and emotionally fit by me and able to participate in all activities in the West Coast Chinese Christian Conference program agenda. The minor has permission to participate in house-related activities.

Signature: _____ Name: _____



HOLD HARMLESS CLAUSE:

I am aware certain natural risks and hazards may exist and agree to indemnify and hold harmless West Coast Chinese Christian Conference and its officers, officials, employees, servants, agents and volunteers from and against all claims, loss, injury, death or liability resulting from, arising out of, or in any way connected with the above mentioned activity.

Signature: _____ Name: _____

PERMISSION TO TREAT:

I give permission to the West Coast Chinese Christian Conference health staff and/ or trained personnel to administer to the minor any prescribed, emergency, and OTC medications per doctor standing orders. I also hereby give permission to the physician selected by West Coast Chinese Christian Conference to order any X-rays, routine tests and treatment necessary for the proper maintenance of the minor's health. In the event that I should be unavailable in an emergency, I hereby give permission to the physician selected by West Coast Chinese Christian Conference to hospitalize, secure proper treatment for, and to order injections and/ or anesthesia and/ or surgery for the minor as named above.

Signature: _____ Name: _____

PHOTO (TALENT) RELEASE:

I give West Coast Chinese Christian Conference permission to photograph and/ or videotape the minor named above for public relations and/ or marketing purposes. Photography will remain achieved at West Coast Chinese Christian Conference and can be used for promotional purposes without notice.

Signature: _____ Name: _____

WEST COAST CHINESE CHRISTIAN CONFERENCE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEX, HANDICAP, RELIGION OR NATIONAL ORIGIN. WEST COAST CHINESE CHRISTIAN CONFERENCE RESERVES THE RIGHT AT ITS SOLE DISCRETION TO REFUSE AN APPLICATION OR DISMISS A CHILD FROM THE CONFERENCE. NO REFUND WILL BE MADE OF FEES IF THE CHILD HAS ATTENDED ANY PORTION OF THE CONFERENCE PERIOD.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS CONSENT AND RELEASE FORM AND AGREE TO ABIDE ITS TERMS.

Signature: _____ Name: _____