# Templeton Presbyterian Church

610 South Main Street, Templeton, CA 93465 (805) 434-1921

## Waiver-Release and Parent Permission Form

**Participant's Full Name:**_____ **Age:**_____
**(Last Name)** **(First Name)** **(Middle Initial)**

**Birth Date:**_____

**Email:** _____ **Cell# :** _____

**For all events hosted by/attended with First Presbyterian Church from 6/10/16 - 6/10/17.**
**This form will be archived from 6/10/16-10/10/17 for emergency contact/medical information/medical release for events both on and off the church property that are hosted by/attended with First Presbyterian Church of Templeton. An additional form of consent should be filled out for each event that takes place off of the Templeton Presbyterian Church campus and vicinity.**

| | Parent/Guardian (Dad) | Parent/Guardian (Mom) | Emergency Contact (Friend/Relative) |
|---|---|---|---|
| **Name** | | | |
| **Address** | | | |
| **Home Ph #** | | | |
| **Email** | | | |
| **Cell/Pgr #** | | | |

I wish for my minor child to participate in the activity(ies) described above, and as a condition of him/her being allowed to do so, I hereby release and discharge ***First Presbyterian Church of Templeton, CA*** and its constituent organizations and their officers, agents, staff, and employees from any and all claims for personal injuries or property damage that he/she may suffer as a result of their participation in the activity(ies) described above, whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individuals named or described above.

I hereby warrant and represent that he/she is physically and mentally fit and capable of taking part in such activity(ies). I am not aware of any medical condition of my child that would render it inappropriate for him/her to participate in any such activity(ies). I make this warranty and representation on the basis of advice given by me by a duly licensed medical doctor within the last twelve months, and I know of no change in the medical condition since receiving such advice that would affect the opinion of said medical doctor.

I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of activities.

Should it be necessary for my child to have medical treatment while participating in such activity(ies), I hereby give the church personnel permission to use their judgment in obtaining medical treatment. I agree that in the event my child is injured as a result of his/her participating in such activity(ies), including transportation to and from such activity(ies), through the negligence (active or passive) of the church or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance or any available benefit of mine or of my spouse. I agree that in the case of medical insurance or any available benefit of mine or of my spouse does not cover the cost of the expense or if I or my child does not have medical insurance, then I or my spouse will be responsible for the cost of the expense and will not hold ***First Presbyterian Church of Templeton, CA*** and its constituent organizations and their officers, agents, staff, and employees responsible for any of the cost.

I hereby authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of such activity(ies) and his/her participation therein, and the publication or other use thereof. I hereby waive any right to compensation therefore or any right that he/she/I otherwise might have to limit or control such making or use.

Parent/Guardian Signature: _____ Date: _____ / _____ / _____
(Month) (Day) (Year)

Print Name: _____

| | | | |
|---|---|---|---|
| Medical Insurance Carrier: | Policy #:<br>Group #: | Address of Insurance Office: | Phone # for Insurance: |
| Medical Insurance Carrier: | Policy #:<br>Group #: | Address of Insurance Office: | Phone # for Insurance: |
| Physician's Name: | Address: | Phone #: | |
| Dentist's Name: | Address: | Phone #: | |