

Covina Assembly of God

Annual Liability Release Form

To Be Updated Annually

In consideration for being accepted by Covina Assembly of God Church for participation in all activities, we (I), being 18 years of age or older, do for ourselves (myself) [and for and on behalf of my child- participant if said child is not 18 years of age or older] do hereby release, forever discharge and agree to hold harmless Covina Assembly of God Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as, property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in a church- sponsored activity.

Furthermore, we (I) [and on behalf of our (my) child- participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 18 years):

We (I) are the parent (s) or legal guardian (s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said events, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

| | | |
|---------------------------|-------------------|---|
| Print name of participant | Age | Date of Birth |
| Mother's Name | Father's Name | (Only the participant needs to sign if 18 years or older. If the participant is under 18, both parents must sign unless the parents are separated or divorced, in which case the custodial parent must sign.) |
| Parent (s) home telephone | Work Telephone | |
| Parent (s) cellular phone | Pager number | |
| Hospital insurance | Yes No | |
| Insurance company | Policy number | Father |
| Physician's name | Physician's phone | Date |
| | | Mother |
| | | Date |
| | | Legal guardian |
| | | Date |
| | | Participant, if age 18 or older |
| | | Date |

In case of Emergency, please list two emergency contacts:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Emergency Medical Information

Health History

| | | | |
|-----------------------------|---------------|-----------------------------|---------------|
| HAS HAD | Yes/No | IS SUBJECT TO: | Yes/No |
| An attack of appendicitis | Yes/No | Seizures | Yes/No |
| Asthma or hay fever | Yes/No | Sinus Trouble | Yes/No |
| Hernia (rupture) | Yes/No | Fainting Spells | Yes/No |
| Diabetes | Yes/No | Ear Trouble | Yes/No |
| <i>Do you take insulin?</i> | <i>Yes/No</i> | Convulsions | Yes/No |
| Poliomyelitis | Yes/No | Nervousness or easily upset | Yes/No |
| Heart trouble | Yes/No | Car/bus/plane sickness | Yes/No |
| Severe allergies | Yes/No | IS ALLERGIC TO: | Yes/No |
| Scarlet Fever | Yes/No | Poison Ivy, Oak, or Sumac | Yes/No |
| Other: _____ | | Penicillin | Yes/No |
| | | Other: _____ | |

| | |
|--|--------|
| Are your activities restricted due to medical reasons? | Yes/No |
| Are you under medical care requiring medication? | Yes/No |
| Are you currently taking any medication? | Yes/No |
| If yes, explain: _____ | |

All medication must be checked in with our trip care giver (*unless over 18 years old*).

If you answered yes to any of the above health history questions, please explain:
