

***Fair Oaks Presbyterian Church***  
*Medical / Media and Liability Release Form—Minor*  
*Dates: January 1, 2019—December 31, 2019*  
*Youth Department*  
*High School Student*

Participant's full name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender M [ ] F [ ] Home phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Participant's cell phone \_\_\_\_\_ Participant's email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian  
Name \_\_\_\_\_ cell phone \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian  
Name \_\_\_\_\_ cell phone \_\_\_\_\_ Email \_\_\_\_\_

If case of emergency, notify: \_\_\_\_\_ Phone \_\_\_\_\_

Any allergies? Y N Please explain: \_\_\_\_\_

Name of Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Name of Health Plan \_\_\_\_\_ Medical Number \_\_\_\_\_

Health History:  Allergies  Heart Condition  Frequent Colds  Diabetes  Epilepsy

Chronic Asthma  Physical Handicap: \_\_\_\_\_

If you checked any of the above, please give details: \_\_\_\_\_

Are there any other conditions that we need to be aware of: \_\_\_\_\_

Name and dosage of medications that must be taken: \_\_\_\_\_

Permission to distribute over-the-counter medication, as needed? (i.e. Tylenol, Decongestant, etc.)

Yes  No Medications that may NOT be issued are: \_\_\_\_\_

Any activity restrictions (e.g., swimming, hiking, etc.): \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Fair Oaks Presbyterian Church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a Fair Oaks Presbyterian Church Youth activity.

# **FAIR OAKS PRESBYTERIAN CHURCH 2019**

## **PERMISSION SLIP, LIABILITY RELEASE, MEDICAL RELEASE, MEDIA RELEASE, MEDIATION AND ARBITRATION AGREEMENT PLEASE READ CAREFULLY BEFORE SIGNING**

I expressly consent to the participant's involvement in all activities and events during the calendar years 2019 including, but not limited to, recreational activities, trips, travel, and activities related to missions. The participant agrees to comply with all rules and policies for each activity and event.

I understand that participation in each activity and event involves inherent and other risks of INJURY and DEATH. In consideration for the participant's being permitted to be involved in activities and events during the calendar years 2019, **I AGREE TO RELEASE** Fair Oaks Presbyterian Church and its pastors, elders, officers, staff, employees, volunteer workers, attorneys, agents, representatives, affiliates, successors-in-interest, and assigns (collectively "PROVIDERS") from any and all personal liability, in excess of the applicable limits of any insurance providing coverage to PROVIDERS for injury, death, and property loss and damage that arises out of or results from the activity or event, including all liability which results from the negligence of PROVIDERS, or any other person or cause.

I authorize any person connected with Fair Oaks Presbyterian Church or the activity or event to administer first aid to the participant, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for the participant's well-being, at my expense.

I agree to submit any claim or dispute that arises out of or results from the activity or event to mediation, and, if mediation is not successful, to legally binding arbitration. The mediation and legally binding arbitration will be conducted in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

By entering my child in this program, I hereby release any photos and/or video footage of my son/daughter that may be taken during any Fair Oaks Presbyterian Church Youth Ministry event. I understand that my child's name will not be published in conjunction with any publication. Pictures taken at Fair Oaks Presbyterian Church will not be sold for any reason to an outside organization and I hereby waive any right to compensation for said photographs, videos, etc. I understand that I in order to revoke this release I must provide a written statement of revocation to the Fair Oaks Presbyterian Church's Business Manager.

This agreement is binding upon the participant's heirs, executors, administrators, and assigns. I acknowledge this agreement is governed by the applicable laws of the State of California. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in effect.

**I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS LIABILITY RELEASE, MEDICAL RELEASE, MEDIA RELEASE, AND MEDIATION AND ARBITRATION AGREEMENT.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian:** If participant is a minor, I verify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of the participant.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_