

PARENT/GUARDIAN CONSENT FORM

I, _____, am the parent or legal guardian of _____ (hereinafter "my child"), and I am informed of the activities offered by the SUNNY HILLS CHURCH OF CHRIST (hereinafter "this church") located at: 2255 N. EUCLID ST, in the City of FULLERTON, County of ORANGE, and State of CALIFORNIA, beginning on the day of JUNE 10, 2011, and ending on the day of AUGUST 21, 2011.

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by this church:

X _____
(SIGNATURE OF PARENT OR GUARDIAN)

Additional Information:

My child is to be **excluded** from the following activities: _____

RELEASE, WAIVER & INDEMNITY AGREEMENT

IT IS THE INTENTION OF (PARENT/GUARDIAN) _____ BY THIS AGREEMENT TO EXEMPT AND RELIEVE SUNNY HILLS CHURCH OF CHRIST AND ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH OF (NAME OF MINOR) _____ (hereinafter "my child") CAUSED BY ANY ACT OF NEGLIGENCE OF SUNNY HILLS CHURCH OF CHRIST AND ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES.

For and in consideration of permitting my child to observe, or use any facility or equipment of SUNNY HILLS CHURCH OF CHRIST, or engage in and/or receive instruction in any activity or activity incidental thereto **SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY** at: SUNNY HILLS CHURCH OF CHRIST in the city of FULLERTON, County of ORANGE, and State of CALIFORNIA, beginning on the day of JUNE 10, 2011, the undersigned parent and/or guardian of the above mentioned minor: **hereby voluntarily and absolutely releases, discharges, waives and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death occurring to my child as a result of my child's observing or using facilities or equipment of SUNNY HILLS CHURCH OF CHRIST, or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue.**

The undersigned parent or guardian of the above mentioned minor for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against SUNNY HILLS CHURCH OF CHRIST or its officers, agents, servants or employees, the undersigned parent or guardian **will indemnify and hold harmless SUNNY HILLS CHURCH OF CHRIST and its officers, agents, servants or employees** from any and all claims or causes of action by the above mentioned minor or by any other person or entity, by whomever or wherever made or presented, and **under no circumstances will the undersigned parent or guardian of said minor present any claim against SUNNY HILLS CHURCH OF CHRIST and said persons for personal injuries, property damage, wrongful death or otherwise, caused by any act of negligence by SUNNY HILLS CHURCH OF CHRIST and said persons.**

The undersigned parent or guardian represent that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities or instruction offered, **assumes all risks associated with such dangers and risks**, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

DATED: _____ PARENT/GUARDIAN FOR: _____ : X _____
(NAME OF MINOR) (PARENT OR GUARDIAN SIGNATURE)

AUTHORIZATION FOR MEDICAL TREATMENT

(Conformed as to California Law)

I, _____, am the PARENT OR LEGAL GUARDIAN of _____ (hereinafter "my child"), who was born on _____, _____. My child is attending and participating in activities at SUNNY HILLS CHURCH OF CHRIST (hereinafter "this church") located at 2255 N. EUCLID ST. in the City of FULLERTON, County of ORANGE, and State of CALIFORNIA, beginning on the day of JUNE 10, 2011 and ending on the day of AUGUST 21, 2011.

I hereby authorize the SUNNY HILLS CHURCH OF CHRIST and his/her officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this church, into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child under Sections 6901, 6902, and 6910 of the California Family Code. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the SUNNY HILLS CHURCH OF CHRIST and his/her officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this church to receive physical custody of my child, under Section 1283 (a) of the California Health and Safety Code, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the SUNNY HILLS CHURCH OF CHRIST and his/her officers, agents, servants, or employees that are 18 years of age or older who supervise the activities at this church.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the supervisor or his/her authorized designee, in the exercise of his/her best judgment, upon advice of such physician, dentist, and surgeon, may deem advisable.

DATED: _____ PARENT/GUARDIAN FOR: _____ : X _____
(NAME OF MINOR) (PARENT OR GUARDIAN SIGNATURE)

ADDITIONAL MEDICAL INFORMATION:

Parents/Guardians

Address City State Zip

Home Phone Work Phone Cell Phone

Medical/Health Insurance Company Insurance Policy No.

In case of emergency, notify Relationship to Minor Contact Number

Allergies/Allergic reactions of my child (ie: insect stings, medications, food, animal, etc.)

Medicine being taken by my child (name, prescribed dosage, reason for medication)

Other information regarding my child's health that a doctor should know (ie: chronic or past medical conditions, etc.)