

# First Evangelical Church of Diamond Bar

## Medical Consent, General Release of Liability, & Indemnification Agreement

I give permission for Child to attend and participate in Activities (**Easter Sunday Outdoor Service**) sponsored by First Evangelical Church of Diamond Bar ("FECDB") on **April 16, 2017** at **Walnut Elementary School, Walnut, CA**. In consideration for my Child being accepted by FECDB for participation in Activities, I hereby release, and forever discharge and agree to hold harmless FECDB, its employees and its volunteer Youth worker /staff ("Staff") from any and all liability, claim or demand for personal injury, sickness or death as well as any property damage and costs and expenses, of any nature whatsoever which may be incurred by the Child while the Child is participating in Activities occurring during the said period.

I assume all risk of personal injury, sickness, death of the Child and property damage and cost and expense which may result from the Child's participation in Activities. Further, I give authorization and permission to FECDB to furnish any necessary transportation, food and lodging for the Child.

I agree to hold harmless and indemnify FECDB, its employees and agents, and its Staff against any and all liability sustained by FECDB, its employees, its agents and its Staff, as result of the negligent, willful or intentional acts of the Child including costs and expenses and attorney's fees incurred.

I authorize an adult, in whose care the minor has been entrusted, to consent to any and all emergency treatment of the Child, including but not limited to, X-ray examination, anesthetic, medical surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licenses by the State of California, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I acknowledge that my medical and/or personal injury/accident insurance is primarily responsible for any and all claims resultant from the Child's participation in Activities. FECDB's insurance is secondary to my insurance.

I shall be liable and agree to pay all costs and expenses incurred in connection with such medial and/or dental services rendered to the Child pursuant to this authorization. Should it be necessary for Child to return home due to medical reasons or otherwise, I shall assume any and all transportation costs. I also hereby give permission for the Child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in Activities.

**Please fill out completely.**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature Date

Medical insurance? (circle one) Yes / No Insurance company: \_\_\_\_\_

\_\_\_\_\_  
Family physician Policy number / Family account number: \_\_\_\_\_

In case of emergency, if I cannot be reached, please notify:

\_\_\_\_\_  
Name Phone Relationship

Medical History (allergies, special conditions and/or medication, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY:**    FECDB member     New Friend   
PAID  (Cash  Check : No \_\_\_\_\_)