



# RELEASE OF CLAIMS, HOLD HARMLESS AND AUTHORIZATION FOR EMERGENCY MEDICAL OR DENTAL CARE TO MINOR

*This documents is intended to be binding at all times during the year specified below*

This Release and Consent is entered into on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ ("Parent"), the parent or legal guardian of \_\_\_\_\_ (hereinafter referred to as "Minor") for activities in 20\_\_\_\_.

1. Parent warrants and agrees that he/she (a) has legal custody or is the legal guardian of the minor listed above; (b) understands the terms of this Release and Consent; and (c) has signed this document by his/her own free will.
2. Parent acknowledges that Minor will, with Parent's permission, participate in certain activities ("Church activities") conducted by or sponsored by Life Christian Church International, Inc.
3. Parent, individually and on behalf of Minor, releases and agrees to hold LIFE CHRISTIAN CHURCH INTERNATIONAL, INC., its affiliated organizations, and their directors, officers, employees, and agents (collectively referred to as "Church") harmless from all liability for harm or injury to Minor or Minor's personal property, resulting directly or indirectly from Minor's participation in Church activities, even if the harm or injury is caused by Church's negligence. Parent, individually and on behalf of Minor, personally assumes all risks and liabilities in connection with Minor's participation in Church activities and agrees to indemnify Church against any liability which might be assessed against Church as a direct or indirect result of Minor's participation in Church activities.
4. If Minor is injured during any Church activity and Parent is unavailable to authorize medical treatment, Parent authorizes dental, medical, or surgical treatment, including but not limited to the administration of X-rays, anesthetic, anesthesia, by any medical professional chosen by the Church and the medical professional to exercise their best judgment as to such diagnosis or medical, dental or surgical treatment. Parent personally assumes the duty of payment of any medical professional, hospital, clinic, or ambulance service and releases Church from any such duty of payment.

INITIALS

## PHOTOGRAPH/VIDEO RELEASE

I give Life Christian Church International, Inc permission to use photographs and/or video footage to do the following for non-profit use and without charge: use at the discretion of Life Christian Church International, Inc., display at a service or event or be used in a multimedia presentation, reprint and distribute for any LCC non-profit publication with copyright to accompany photo when used, displayed on the Life Christian Church website, or use quotes and video clips on the Life Christian Church website.

INITIALS

The undersigned agrees to the above Initialed sections and this agreement is binding on my Heirs, Successors and personal representatives.

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Print – Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Witness

\_\_\_\_\_  
Print – Witness

\_\_\_\_\_  
Date

## EMERGENCY CONTACT INFORMATION

1 <sup>ST</sup> Emergency Contact			2 <sup>nd</sup> Emergency Contact		
Telephone	Home	Cell	Telephone	Home	Cell
Relationship to Minor			Relationship to Minor		

## MEDICAL INFORMAITON

Policy Holder Name	Policy Number
Insurance Company	Group Number
Insurance Company Address	
Prescription Insurance (if difference from above)	
Policy Holder Name	Policy Number
Insurance Company	Group Number
Insurance Company Address	
Allergies	Medications now being taken: