

Peninsula Bible Church Cupertino
Permission-Liability Release

Name of Minor: _____

Address: _____

City State Zip: _____

Telephone#: _____ Age: _____

Parents' Names: _____ Work or cell #: _____

Parent Permission-Liability Release-
Permission to Issue Medical Care:

I permit my child, _____
to participate in the _____ (the activity)
with Peninsula Bible Church Cupertino. I understand and fully accept that accidents and
injuries are possible. I hereby release and hold harmless Peninsula Bible Church
Cupertino, its officers and employees, and designated volunteer group leaders and
chaperones, from all liability and from all actions or claims that I or my child now or
hereafter have for any damage or injury to my child, or to any person or property,
resulting from the negligence or other actions of any employees or agents in connection
with my child's participation in this activity. In case of medical emergency, I hereby give
permission to the group leader to order medical treatment, including needed tests and
x-rays, for my child. Of course, I understand that an attempt will be made to reach me
by telephone immediately after any injury and when the diagnosis is completed.

Known Allergies to Med: _____

Date of last Tetanus Shot: _____

Existing Med Insurance Co.: _____ Policy #: _____

Name of Primary Physician: _____ Tel. #: _____

Any other Health Problems/Limitations we should know _____

Parent Signature: _____ Date: _____

Emergency #: _____