

# Peninsula Bible Church Cupertino

## Parent Permission-Liability Release & Permission to Issue Medical Care

I permit my child, \_\_\_\_\_ (Age) \_\_\_\_\_, to participate in \_\_\_\_\_ (activity/activities), with Peninsula Bible Church Cupertino. I certify my child is able to participate in this event. 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. I understand that my medical insurance is primary and that I will be responsible for all expenses due to any injuries to my child as a result of participation in this event. I understand that photographs, motion pictures, video recordings or other memorializing of this activity and his/her participation therein may occur, and I grant permission to PBCC to use these in media and publications. I and my child waive any right to receive compensation there from.

Activities that I do not want my child to engage in: \_\_\_\_\_

Allergies to Medications, foods, insect stings etc: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Med Insurance Co.: \_\_\_\_\_ Group and ID #: \_\_\_\_\_

Name of Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Any other health issues, limitations or important information we should know:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand it is my responsibility to notify PBCC immediately of any changes in the information presented on this form.

Parents/Guardian Names and Relationship (please print) \_\_\_\_\_ Date \_\_\_\_\_

Digital ID is available through Adobe Reader. (if your version doesn't support Digital ID you will need to update to the latest version.)

Please Add your digital signature here:

Address (Please Print) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Contact Phone \_\_\_\_\_ Alternate Contact Phone \_\_\_\_\_

Or you may print and then sign below:

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_