



FAIROAKS CHURCH

Medical / Media and Liability Release Form—Minor

JANUARY 1, 2020 - DECEMBER 31, 2020

Participant's Full Name _____ Gender _____

Birth Date _____ School _____ Grade _____

Participant's Cell Phone _____ Participant's Email _____

Address _____ City _____ Zip _____

Mother/Guardian _____ Cell _____ Email _____

Father/Guardian _____ Cell _____ Email _____

In case of emergency, notify _____ Phone _____

Any Allergies? Y / N Please Explain _____

Name of Physician _____ Phone _____

Health Plan _____ Medical Number _____

Health History: Allergies Heart Condition Frequent Colds Diabetes Epilepsy Chronic Asthma Physical Handicap

If you checked any of the above, please give details: _____

Are there any other conditions that we need to be aware of: _____

Names/Doses of Medications _____

Permission to distribute over-the-counter medication, as needed? (i.e. Tylenol, Decongestant, etc.)? Y / N

Medications that may NOT be issued are _____

Any activity restrictions (e.g., swimming, hiking, etc.)? _____

Date of last tetanus shot _____

Fair Oaks Church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a Fair Oaks Presbyterian Church Youth activity.

PERMISSION SLIP, LIABILITY RELEASE, MEDICAL RELEASE, MEDIA RELEASE, MEDIATION AND ARBITRATION AGREEMENT PLEASE READ CAREFULLY BEFORE SIGNING

I expressly consent to the participant's involvement in all activities and events during the calendar year 2019 including, but not limited to, recreational activities, trips, travel, and activities related to missions. The participant agrees to comply with all rules and policies for each activity and event.

I understand that participation in each activity and event involves inherent and other risks of INJURY and DEATH. In consideration for the participant's being permitted to be involved in activities and events during the calendar year 2020, I AGREE TO RELEASE Fair Oaks Church and its pastors, elders, officers, staff, employees, volunteer workers, attorneys, agents, representatives, affiliates, successors-in-interest, and assigns (collectively "PROVIDERS") from any and all personal liability, in excess of the applicable limits of any insurance providing coverage to PROVIDERS for injury, death, and property loss and damage that arises out of or results from the activity or event, including all liability which results from the negligence of PROVIDERS, or any other person or cause.

I authorize any person connected with Fair Oaks Church or the activity or event to administer first aid to the participant, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for the participant's well-being, at my expense.

I agree to submit any claim or dispute that arises out of or results from the activity or event to mediation, and, if mediation is not successful, to legally binding arbitration. The mediation and legally binding arbitration will be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

By entering my child in this program, I hereby release any photos and/or video footage of my son/daughter that may be taken during any Fair Oaks Church Youth Ministry event. I understand that my child's name will not be published in conjunction with any publication. Pictures taken at Fair Oaks Church will not be sold for any reason to an outside organization and I hereby waive any right to compensation for said photographs, videos, etc. I understand that I in order to revoke this release I must provide a written statement of revocation to the Fair Oaks Church's Business Manager.

This agreement is binding upon the participant's heirs, executors, administrators, and assigns. I acknowledge this agreement is governed by the applicable laws of the State of California. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in effect.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS LIABILITY RELEASE, MEDICAL RELEASE, MEDIA RELEASE, AND MEDIATION AND ARBITRATION AGREEMENT.

Participant Signature _____ Date _____

Parent/Guardian: If participant is a minor, I verify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of the participant.

Parent/Guardian's Signature _____ Date _____