

JOURNEY COMMUNITY CHURCH
8363 Center Drive, Suite 6C, La Mesa, CA 91942
Tel: (619) 464-4544 / Fax: (619) 668-5425

SPECIAL EVENT

PERMISSION FOR MINOR TO PARTICIPATE

ASSUMPTION OF RISK and RELEASE OF LIABILITY

EVENT NAME: _____ **EVENT DATE(S):** _____

LOCATION: _____

EVENT DESCRIPTION: _____

PARTICIPANT INFORMATION (MINOR)

NAME: _____ **GRADE:** _____ **AGE:** _____

DATE OF BIRTH: _____ **SEX:** M or F (Check One)

ADDRESS: _____ **CITY:** _____ **STATE:** ___ **ZIP:** _____

PHONE: _____

CONTACT INFORMATION (PARENTS/LEGAL GUARDIANS)

NAME _____ **RELATIONSHIP** _____

PHONE: (Home) _____ (Work) _____ (Cell) _____

EMAIL: _____

NAME _____ **RELATIONSHIP** _____

PHONE: (Home) _____ (Work) _____ (Cell) _____

EMAIL: _____

HEALTH INFORMATION PERTAINING TO MINOR

Please describe all medical issues pertaining to the participant that you wish us to be aware of, and list all medications the participant may need to take while participating in any church event.

(Attach _____ additional _____ page(s) _____ if _____ needed.)

GENERAL DESCRIPTION OF THIS AGREEMENT (AND SELECTED DEFINITIONS USED) Journey Community Church ("JOURNEY") is a nonprofit Christian corporation located in La Mesa, CA. All minors who participate in any special activity, ministry trip, or other church-related trip ("SPECIAL EVENT"), must do so only with the permission of the minor's parent or legal guardian. In this agreement ("AGREEMENT") the undersigned provides permission for his or her minor child to participate in the above-scheduled SPECIAL EVENT, assumes the risk of harm arising from such participation, and releases JOURNEY and its directors, officers, employees, agents, and volunteers (collectively, "RELEASEES") from any and all liability for property damage, bodily injury, disease, death, or other harm (collectively, "HARM") that such minor child may sustain in connection with SPECIAL EVENT.

NOTE: This form MAY NOT be used to grant permission for any firearms, shooting, or similar activities.

AGREEMENT

I, the undersigned, am the parent or legal guardian of the minor participant identified above ("MY CHILD"). MY CHILD intends to participate in above-scheduled SPECIAL EVENT. I acknowledge that the SPECIAL EVENT may involve physically and mentally demanding activities such as surfing, swimming, snorkeling, water skiing, wakeboarding, canoeing, boating (sail or motorized), kayaking, skateboarding, mountain biking or hiking, camping, indoor or outdoor rock climbing, backpacking, and other activities not listed here. Nonetheless, I hereby give my permission for MY CHILD to participate in such SPECIAL EVENT and to utilize transportation that may be provided or arranged by JOURNEY for such SPECIAL EVENT. In addition, in consideration of JOURNEY's agreement to permit MY CHILD to participate in the SPECIAL EVENT, I agree to the following on behalf of myself, MY CHILD, and our respective family members, heirs, estates, successors, assigns, and personal representatives:

1. Assumption of Risk and Release of Liability

I UNDERSTAND THERE ARE RISKS OF HARM, KNOWN AND UNKNOWN, THAT COULD RESULT FROM MY CHILD'S PARTICIPATION IN THE SPECIAL EVENT. I NONETHELESS AUTHORIZE MY CHILD TO PARTICIPATE IN THE SPECIAL EVENT, AND I ASSUME ALL RISKS OF HARM TO MY CHILD ARISING OUT OF OR IN CONNECTION WITH THE SPECIAL EVENT. IN ADDITION, TO THE FULLEST EXTENT ALLOWED BY LAW, I RELEASE ALL RELEASEES FROM LIABILITY FOR SUCH HARM, REGARDLESS OF HOW IT IS CAUSED, EVEN IF IT IS CAUSED IN WHOLE OR IN PART BY ANY ACTION, INACTION, OR NEGLIGENCE OF THE RELEASEES.

2. Participant's Conduct and Indemnification Agreement

I agree that if MY CHILD behaves in a manner deemed unacceptable by an adult leader of JOURNEY, I will immediately retrieve MY CHILD at my own expense or make arrangements for the immediate retrieval of MY CHILD at my own expense. If I cannot personally retrieve MY CHILD, I authorize JOURNEY to surrender custody of MY CHILD to the person I designate, verbally or in writing, to take custody of MY CHILD.

Should any claim be made or any lawsuit be filed against any RELEASEE(s) because of MY CHILD's conduct during or in connection with the SPECIAL EVENT, I agree to defend, indemnify, and hold the RELEASEE(s) harmless from all amounts they incur to investigate and defend such claim or lawsuit and all amounts they incur to settle or pay a judgment in connection with such claim or lawsuit.

3. Authorization for Third Party Consent to Medical Treatment

I hereby authorize JOURNEY, and first aid personnel assigned by JOURNEY, to provide or consent to the provision of basic first aid and comfort measures for MY CHILD through standardized first aid treatment procedures. I also authorize JOURNEY and such first aid personnel to provide or consent to the provision of over-the-counter (non-prescription) medications **EXCEPT**

to MY CHILD when reasonably necessary for MY CHILD's health and comfort.

I further authorize JOURNEY to provide or arrange for the transportation of MY CHILD to a medical facility for urgent or emergency medical or dental treatment when reasonably necessary for the health and comfort of MY CHILD. I assume all responsibility for payment, personally or through insurance, for both the transportation and the medical or dental treatment. I acknowledge and agree that MY CHILD's medical or dental insurance shall be responsible for payment of fees and costs associated with medical or dental treatment rendered to MY CHILD, and I hereby release JOURNEY from any and all obligations to reimburse such insurers for such payment.

I further authorize and give consent for MY CHILD to receive any x-ray, examination, anesthetic, or medical or surgical diagnosis rendered by licensed members of the medical or dental profession. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power to render care to MY CHILD which the aforementioned medical and dental professionals, in the exercise of their best judgment, deem advisable. I understand that reasonable efforts shall be made to contact me prior to any transportation or medical or dental treatment of MY CHILD, but that transportation or treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the California Family Code section 6910, and similar provisions of the laws of the State in which the medical or dental care is being sought.

I further authorize any hospital, medical facility, or other medical or dental provider who has provided treatment to MY CHILD, to surrender physical custody of MY CHILD to a representative of JOURNEY upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California and similar provisions of the laws of the State in which the medical or dental care is being provided.

4. Video/Photo Release

I give my permission for audio, video, and photographic recordings of MY CHILD to be made during the SPECIAL EVENT, and for JOURNEY to disseminate and publish such recordings for publicity and other church purposes, and I waive all rights of compensation or ownership thereto.

ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge and agree that I have read this entire AGREEMENT, that it is a legally binding contract that affects my rights and the rights of MY CHILD, that it has been written to be as broad and inclusive as legally permitted by the State of California, and that I have signed it knowingly and voluntarily. I further acknowledge and agree that if any provision of this AGREEMENT is held to be invalid or legally unenforceable, I will continue to be bound by the remaining provisions.

Date

Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian

Revised: April 19, 2016