

AUTHORIZATION TO TREAT A MINOR RELEASE, ASSUMPTION OF RISK, AND HOLD HARMLESS

required for all persons under the age of 18 years (please fill in all blanks)

Minor's Name _____ Grade _____ Date of Birth _____

I/we, the parent(s) or legal guardian(s) of the above named minor, hereby give my/our permission for my/our child to participate in Bethel Christian Center's various programs and activities, including transportation involved for his/her participation in off-campus activities, and absolve Bethel Christian Center from liability to me/us and my/our children because of illness or injury to my/our child or loss of his/her property resulting from such participation. In event of medical emergency, I/we hereby authorize Bethel Christian Center's leadership to exercise its discretion in obtaining and/or providing medical attention for my/our child. I/we hereby assume full responsibility for all financial obligations arising from transporting my/our child to a medical facility, and for all other expenses related to obtaining and/or providing medical attention for my/our child. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and release to obtain or render care which Bethel's leadership, in the exercise of its best judgment, may deem advisable. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient, but that treatment will not be withheld if the undersigned cannot be reached.

I/we realize that participating in the various programs and activities of the Center involves many risks including loss or damage of property, illness, serious injury and death. I/we hereby assume full responsibility for all financial obligations arising from my/our child's participation in the Center's programs and activities. Further, I/we hereby assume all risk associated with my/our child's participation in the Center's programs and activities, and agree to hold harmless Bethel Christian Center, Inc., its employees, agents, representatives, and volunteers from any and all liability, actions, course of actions, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my/our child's participation in any activity related to Bethel Christian Center. The terms hereof shall serve as a release and assumption of risk by my heirs, estate, executor, administrator, assignees and for all members of my/our family.

MEDICAL EMERGENCY INFORMATION

Name of Health Insurance Co. _____ Policy # _____

Does your policy cover foreign countries? Yes _____ No _____

Name of Physician _____ Phone _____

PERSONAL INFORMATION

Minor's Address (street) _____

City _____ State _____ Zip _____

Allergies? _____

Any medical information needed to be disclosed to medical professionals before treatment? _____

I hereby certify that the forgoing is true and correct, and that I understand and agree to all provisions described herein. (If both parents are in the home, or if they share joint legal custody, both must sign.)

Signature _____ Home Ph _____ Work Ph _____
Father/Legal Guardian

Signature _____ Home Ph _____ Work Ph _____
Mother/Legal Guardian

Persons other than parent(s)/guardian(s) to be called in case of emergency:

Name _____ Home Ph _____ Work Ph _____

Name _____ Home Ph _____ Work Ph _____

**If one parent/guardian has sole legal custody, that parent/guardian must also sign the following statement:
I hereby certify that I have sole legal custody of the minor named above.**

Signature _____ Date _____
Parent/Legal Guardian