



440 Frederick St. Santa Cruz, CA 95062
Phone (831) 429-1162 FAX (831) 429-9575

MINOR LIABILITY & MEDICAL RELEASE

CHILD'S NAME: _____ AGE: _____ BIRTHDATE: _____

ADDRESS: _____ MALE FEMALE

CITY: _____ STATE: _____ ZIP: _____

SCHOOL ATTENDING THIS YEAR: _____ GRADE: _____

Parents' or Guardian's Names: _____

PHONE: () _____ WORK or CELL PHONE: () _____

Local Person other than yourself to contact if you cannot be reached in the event of an emergency:

Name: _____ PHONE: () _____

HEALTH HISTORY:

Allergies: _____

Medications Currently Taking: _____

Please explain any condition we should be aware of: _____

HEALTH INSURANCE:

Our 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 participating in any church sponsored activity on or off campus.

Medical Insurance Company Name: _____ Phone #: _____

Policy # _____ Plan: _____

LIABILITY RELEASE

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. It is your intention, as the parent or guardian of the minor listed on this form, to exempt and relieve SCBC and it's employees or volunteers from liability for personal injury, property damage or wrongful death caused by any act of negligence on the part of SCBC and it's employees or volunteers. This includes all risks and hazards inherent in any and all church-related social and sport activities including transportation to and from off campus activities. You acknowledge there may be potential health hazards inherent in some activities and that your child participates at his/her own risk. As parent or legal guardian, you will assume full responsibility for your child's participation in SCBC activities and understand that your child is responsible for applying any and all instruction and rules given to them for any activity or activity incidental thereto some of

MINOR'S MEDICAL RELEASE

I give permission for my child, _____, to participate in all activities as part of the ministry of Santa Cruz Bible Church of Santa Cruz, California. I will assume full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release S.C.B.C. from any liability. In the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given to any person standing loco parentis to my child pursuant to A.R.S.S 44-133. It is understood that my child will obey all regulations and follow instructions of the leaders. I agree to pay any expenses including the cost of my son/daughter being sent home if discipline is deemed necessary.

You understand that this form and your signature is for medical and liability release.

DATE: _____ SIGNATURE: _____

Please print your name: _____

**The above Liability and Medical Release covers any and all activities ,
on or off campus, sponsored by or associated with SCBC from
September 1, 2006 until September 1, 2008 .**