

Permission Slip - Jr High Winter Retreat 2019

PERMISSION TO PARTICIPATE, RELEASE OF ALL CLAIMS & AUTHORIZATION FOR MEDICAL TREATMENT OF CHILD

I hereby give my child _____ permission to attend the Jr. High Winter Retreat, sponsored by Calvary Chapel Eastside, 5130 164th Ave SE, Bellevue, WA 98006 on Sunday, January 20, 2019 through January 21, 2019. This event may include the following activities: VAN RIDE to and from Calvary Chapel Eastside to Camp Gilead, playing on ice surface, competitive sports, games, snow tubing, etc. I hereby release and agree to hold harmless, Calvary Chapel Eastside together with its agents and employees from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against Calvary Chapel Eastside for all personal injuries, loss, or damage, known or unknown, which my child may incur by participating in the above activity.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with knowledge of its significance.

The undersigned, being the parents and/or legal guardians of _____, have made, constituted and appointed, and by these present do make, constitute and appoint any agent of Calvary Chapel Eastside, their true and lawful attorney-in-fact for them and in their name, place and stead, and for their use and benefit to admit their child to any hospital or clinic and to authorize any medical treatment, including surgery, in the event of emergency illness, as Calvary Chapel Eastside may deem appropriate.

Any hospital, clinic or doctor may rely on a telephonic communication reasonably believed to be from an agent of Calvary Chapel Eastside.

The undersigned further agree to assume full financial responsibility for any and all charges incurred, specifically including ambulance, doctor, hospital or medication.

The original of the Agreement shall be irrevocable until physically destroyed. Any party relying on this Agreement is hereby released from any liability by reason of relying on this Agreement, or by this Agreement having been revoked without his/her knowledge.

If divorced or separated, the undersigned is the primary residential parent authorized to give this Limited Power of Attorney.

I further promise to hold harmless Calvary Chapel Eastside and/or its employees and agents from any and all expense incurred pursuant to this authorization in obtaining medical treatment and/or transfer, including but not limited to: ambulance expense, costs of paramedics, hospital expense, and/or physician charges.

The following information is needed by any hospital or practitioner not having access to the child's medical history:

Allergies: _____

Medications being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Name of physician and phone number: _____

Other pertinent facts to which physician should be alerted: _____

In witness whereof, I have executed this Permission & Release Authorization this date: _____

MOTHER/GUARDIAN SIGNATURE _____

FATHER/GUARDIAN SIGNATURE _____

NUMBER AND STREET _____

CITY, STATE, ZIP CODE _____

CELL PHONE _____

WORK PHONE _____

INSURANCE NAME _____ GROUP NO. _____ CERTIFICATE NO. _____

INSURANCE CO. TELEPHONE _____

Model Release Form - Jr High Winter Retreat 2019

On all of our retreats and events, we love to take pictures and videos to document our time and sometimes we use those pictures and videos for advertising material on the web and in our brochures. If you would like to be a part of this please sign this model release form. This tells us that it is okay to take your picture or video.

_____ (the "Participant"), am sharing, or have shared, my testimony and/or experiences at Calvary Chapel Eastside (the "Church") with staff and/or volunteers at Church, and, in connection therewith, I hereby grant Church irrevocable permission to record, edit, alter, copy, exhibit, publish, distribute or otherwise use my narrative description, image, visual likeness, portrait, or photograph in all forms and media (including but not limited to publications, websites, catalogues, brochures, books, magazines, photo exhibits, motion picture films, and/or video) (collectively referred to as "Works") for (i) preaching and teaching at Church, (ii) marketing, publicity and public relations at Church; or (iii) for any other lawful purpose.

I agree that all right, title and interest in and to all such Works and any reproductions or derivative work thereof shall be the exclusive property of Church. I understand that Church may keep or may use the Works and derivative works now and in the future. I waive any right to royalties or other compensation arising or related to the use of my image, visual likeness, portrait, or photograph in any Work.

I hereby agree to hold harmless and release and forever discharge Church, its officers, directors, employees, elders, deacons and agents from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

☐ I have carefully read and understand the terms and conditions of this release, and agree to be bound by them.

Parent/Guardian Signature and Date

Parent/Guardian Printed Name

If you do not want us to display photos of your child from this event on our website or through other various digital mediums, please mark the box below and sign.

☐ Please do not display my child's photo online.

Parent/Guardian Signature and Date

Parent/Guardian Printed Name

Participant's Printed Name