

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

I hereby give my child \_\_\_\_\_ permission to attend the **Jr. High Summer Retreat**, sponsored by Calvary Chapel Eastside, 5130 164th Ave SE, Bellevue, WA 98006 on September 8-10, 2017 at Delano Bay Christian Camp (810 Stamford Rd Kp S, Lakebay, WA 98349). Event may include the following activities: **van ride to/from Calvary Chapel Eastside, running, sports, summer activities, eating, 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Agreement is hereby released from any liability by reason of relying on this Agreement, or by this Agreement having been revoked without his/her knowledge.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 divorce 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: **(Please fill out each line.)**

Allergies (If no allergies, please write NONE): \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Date of last tetanus shot (if not sure, are you up to date?): \_\_\_\_\_

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 and Release Authorization this date: \_\_\_\_\_

MOTHER/GUARDIAN SIGNATURE \_\_\_\_\_

FATHER/GUARDIAN SIGNATURE \_\_\_\_\_

NUMBER AND STREET \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

ALTERNATE PHONE NUMBER \_\_\_\_\_

INSURANCE NAME \_\_\_\_\_ GROUP NO. \_\_\_\_\_ CERTIFICATE NO. \_\_\_\_\_

INSURANCE CO. TELEPHONE \_\_\_\_\_

INSURANCE: In the event of an injury to the attendee, it is the policy of the church that the individual's insurance be primary and Calvary Chapel Eastside medical coverage be secondary.