



WAIVER AND CONSENT OF PARENT AND AUTHORIZATION TO TREAT MINOR CONSENT AND HOLD HARMLESS

Date: _____

- I (we) the undersigned parent(s) or legal guardian of the following minor participant(s):

(Print names)

do hereby authorize any leader for First United Reformed Church to authorize and consent to any x-ray examinations, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of an acute general hospital holding a current license to operate a hospital from the Department of Public Health.

- It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment, may to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.
- Further, the undersigned agree that First United Reformed Church, its agents, employees, successors, and affiliates shall be held harmless from any liability for damages to person or property to the minor named herein that might arise out of, enroute to or from, while in residence, or as a result of any involvement or participation in activities sponsored by First United Reformed Church.
- In exchange for the privilege of participating in activities sponsored by First United Reformed Church, I hereby indemnify and hold harmless First United Reformed Church, and the employees and associate staff of First United Reformed Church from any liability and expense incurred as a result of participation.
- The following must be filled out completely and signed. No minor is permitted on any activity without this form on file. **Adult participants may complete this form on their own behalf.**

- I understand that all reasonable safety precautions will be taken by the leaders of these activities, and that the possibility of an unforeseen hazard does exist. I further agree not to hold First United Reformed Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor(s) listed on this form. If applicable, I also understand that my minor child is to be excluded from the following activities:

I, _____, being the parent or legal guardian of the following participant(s):

(Print names)

have been informed of all activities and trips in which this group participates and hereby give my consent for my minor child(ren) to participate in all these activities, except those excluded above.

Date: _____
(Signature of Father, Mother, or Legal Guardian (or participant if over 18 yrs of age))

- This waiver of liability will remain in effect through the duration of participation with First United Reformed Church unless revoked in writing by the undersigned and delivered to the aforesaid agent.

This form is to be completed and turned in to:
First United Reformed Church, 6159 Riverside Drive, Chino, CA 91710, Phone: 909-591-9111