

Compass Bible Church Medical & Photo Release Form

Effective June 4th, 2010 thru June 30, 2011

THIS FORM SHALL REMAIN EFFECTIVE UNTIL June 30th, 2011.

BOTH SIDES OF FORM MUST BE COMPLETED

(949) 540-0699 • FAX (949) 540-0663

Student's Name

Release of Liability for all Junior High Events

I hereby release, forever discharge and agree to hold harmless Compass Bible Church, its Pastors, directors, employees and volunteers, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occur during any activities. Furthermore, I hereby assume all risk and personal injury, sickness, death, damage and expense as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify Compass Bible Church, its Pastors, directors, employees or volunteers, for any liability sustained by said church as the result of the negligent, willful or intentional acts of the above named child, including expenses incurred attendant thereto. I, _____, parent or legal guardian of herein authorize the adult sponsor of Compass Bible Church, Aliso Viejo, CA, to consent to any X-ray, examination, anesthetic, medical or surgical supervision and on the advice of any physician or surgeon licensed to practice in the state of treatment, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful. This authorization given pursuant to Section 25.8 of the Civil Code of California, and shall remain effective until September 30, 2011.

Signature of Parent or Guardian

Printed name and Date

Photo/Video Release Form for all Junior High Events

I understand the photograph(s) or video or audio recording(s) taken of my child by agents, employees or representatives of Compass Bible Church (hereinafter called "Compass") shall be used in connection with Compass' dissemination of information about its religious services, ministry and educational activities and programs.

I hereby irrevocably authorize and give permission for Compass to copy, exhibit, publish or distribute any and all such images and audio of my child or wherein he/she appears, including composite or artistic forms and media, for purposes of publicizing Compass programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my child's likeness appears.

I hereby hold harmless and release and forever discharge Compass 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 hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person. Project Title/ Activity Description: **ANY Compass Junior High Ministry Event**

Signature of Parent or Guardian

Printed name and Date

Address City/State/Zip Home Phone

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PERSONAL INFORMATION

Student's Full Name: _____

Home Address: _____

City: Zip Code: _____

Home Phone: (____) _____ Student's E-Mail: _____

Parent E-mail: _____

Gender: _____ Birth Date: _____

School: _____ Grade: _____

Mom's Name: _____ Mom's Work Phone:(____) _____

Dad's Name: _____ Dad's Work Phone:(____) _____

Person to Contact if a Parent Cannot be Reached: _____

Address: _____

Telephone: _____

INSURANCE INFORMATION

Insurance Company: Group No.: _____

Claim Office Address: _____

Claim Office Phone Number: _____

Policy No.: _____

Employer Name and Address:

MEDICAL INFORMATION

Special Medical Condition of Minor such as Diabetes, Allergic Reactions, Medications Currently Using:

Doctor's Name: _____ Phone No.: (____) _____

Address: _____

Date of Last Tetanus-Toxoid Booster: Blood Type (if known) : _____

Will the Minor require any medication during any event? Yes _____ No _____ If yes-name of medication:

Dosage/frequency: _____

Minor administers? Yes: _____ No: _____

Needs Help: Adult Administers? Yes: _____ No: _____