



YOUTH NIGHT 2017

Waiver of Liability and Release Agreement

Participant's Name: _____ Birth Date: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ youth/parent (please circle)

Waiver:

In consideration of Calvary Chapel La Costa Hills permitting my child to participate in a **youth event on December 31st, 2016 to January 1, 2017**, I hereby for my child, heirs, administrators and assigns, waive any and all rights and claim of any nature I may have against Calvary Chapel La Costa Hills and any organization connected with the said youth event, their representatives, successors, and assigns for any and all injuries or damages of any nature which my child may suffer while taking part in this youth event. I will assume all risks associated with this event of any kind that may befall my child or any other person as a result of my child's participation in this event. This waiver and release which includes all claims, demands, costs, losses, damages, attorney's fee and liabilities shall be binding on my heirs, administrators and assigns and run in favor of Calvary Chapel La Costa Hills. **These authorizations shall remain effective until January 1st, 2017, unless sooner revoked in writing delivered to said Agent.**

I HAVE READ THIS WAIVER AND LIABILITY AGREEMENT AND UNDERSTAND THE TERMS USED AND THEIR LEGAL SIGNIFICANCE.

Calvary Chapel La Costa Hills has my permission to seek emergency medical care for my child if such is required.

IMPORTANT: Minors must have this waiver signed by a parent or guardian.

SIGNATURE: _____ DATE: _____
(Participant)

SIGNATURE: _____ DATE: _____
(Parent/Guardian)

PRINT: _____ DATE: _____
(Parent/Guardian)
(Parent or Guardian if participant is under 18 yrs of age)

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MEDICAL INFORMATION

Insurance Company: _____

Claim Office Address: _____

Claim Office Phone: _____

Policy Number: _____

Employer Name: _____

Address: _____

Phone: _____

Where Parent can be reached: _____

Other Emergency # if parent can't be reached- relative, close friend (please state nature and relationship) _____

Special Medical Conditions of Minor such as Diabetes, Allergic Reactions, Medications currently using: _____

Doctor's Name _____

Address: _____

Phone: _____