

**REGISTRATION - EMERGENCY MEDICAL PERMISSION - RELEASE of LIABILITY**

Forest Ranch Baptist Church  
4967 Schott Road, Forest Ranch, CA 95942 (530) 891-8079

Name \_\_\_\_\_ Grade Completed \_\_\_\_\_ Age \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Brought By \_\_\_\_\_ Church \_\_\_\_\_

Home Address \_\_\_\_\_

(street)

(city)

(zip)

Legal Guardian \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

Date(s) Of Activity: July 30, 2018 – August 3, 2018 (9am-11:30pm)  
Forest Ranch Baptist Church - Vacation Bible School

**IN CASE OF EMERGENCY WHERE PARENT/GARDIAN CANNOT BE CONTACTED**

I understand that Forest Ranch Baptist Church, staff or sponsor will make a reasonable effort to contact me before exercising this authorization, using the information I have provided below.

(I) (We), the undersigned parent(s)/guardian of (childs name) \_\_\_\_\_, a minor, do hereby authorize Forest Ranch Baptist Church/and or church staff as agent(s) for the undersigned to consent to any x-ray examination, anesthetic; medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provision of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at an emergency facility or hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California. This authorization shall remain effective from July 30, 2018 through August 3, 2018 (during attendance of VBS at FRBC) unless sooner revoked in writing delivered to said agent(s).

**EMERGENCY CONTACT INFORMATION**

1<sup>st</sup> Contact: If different from Legal Guardian above \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Allergies? \_\_\_\_\_

OVER

ANY ADDITIONAL INFORMATION YOU FEEL IS NEEDED:

\_\_\_\_\_

**RELEASE OF LIABILITY FOR FOREST RANCH BAPTIST CHURCH/AND VBS STAFF**

Parent Signature: shall indemnify, hold free and harmless, assume liability for, and defend the Forest Ranch Baptist Church, its agents, volunteers, employees, officers, and directors from any and all costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which the Forest Ranch Baptist Church, its agents, employees, officers, volunteers and directors may pay or become obligated to pay on account of any, all and every demand for, claim or assertion or liability, or any claim or action founded thereon, arising or alleged to have arisen out of use of real or personal property belonging to Forest Ranch Baptist Church, its agents, volunteers, employees, officers and directors, or any action or omission by \_\_\_\_\_ (child's name).

I have read and understand this Release of Liability form.

Parent \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

**Photo Release Form for Minors (under 18)**

FOREST RANCH BAPTIST CHURCH has my permission to use my or my child's photograph publicly to promote their Vacation Bible School.

I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Name (print) \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Child's Name: \_\_\_\_\_