

V A L L E Y



PRESBYTERIAN CHURCH

9200 HASKELL AVENUE, NORTH HILLS, CA 91343 (818) 894-9208

[VPC@VALLEYPRESBYTERIAN.ORG](mailto:VPC@VALLEYPRESBYTERIAN.ORG) [WWW.VALLEYPRESBYTERIAN.ORG](http://WWW.VALLEYPRESBYTERIAN.ORG)

**CONSENT AND RELEASE FROM LIABILITY**

PLEASE PRINT (USE THE BACK OF THE FORM IF NECESSARY)

\_\_\_\_\_ HAS MY PERMISSION TO PARTICIPATE IN ALL ACTIVITIES OF THE VALLEY PRESBYTERIAN CHURCH AND TO BE TRANSPORTED BY CHURCH BUS OR PRIVATE CAR WHEN NECESSARY. I UNDERSTAND ALL EVENTS WILL HAVE ADULT SUPERVISION. IN CONSIDERATION OF THE BENEFITS TO BE DERIVED FROM THESE ACTIVITIES, I HEREBY VOLUNTARILY WAIVE ANY CLAIM AGAINST THE VALLEY PRESBYTERIAN CHURCH, THE SPONSORS, AND THE OWNER/OR DRIVER OF THE CAR OR BUS FURNISHING TRANSPORTATION TO ANY EVENT. I FURTHER AGREE TO DIRECT MY SON/DAUGHTER TO CONFORM TO THE FULLEST WITH THE DIRECTIONS AND INSTRUCTIONS OF THE SPONSORS IN CHARGE. THIS CONSENT AND RELEASE IS IN EFFECT UNTIL I GIVE THE VALLEY PRESBYTERIAN CHURCH WRITTEN NOTICE TO THE CONTRARY.

**ADDRESS INFORMATION**

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

**MEDICAL CARE PERMIT**

I HEREBY AUTHORIZE EMERGENCY MEDICAL CARE OR FIRST-AID TREATMENT AS NEEDED FOR \_\_\_\_\_ IN THE EVENT OF ILLNESS OR INJURY DURING ANY SPONSORED ACTIVITY OF VALLEY PRESBYTERIAN CHURCH. THIS PERMIT IS IN EFFECT UNTIL I GIVE VALLEY PRESBYTERIAN CHURCH WRITTEN NOTICE TO THE CONTRARY.

HEALTH INSURANCE COMPANY: \_\_\_\_\_ SUBSCRIBER'S NAME: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ INSURANCE COMPANY'S EMERGENCY PHONE: \_\_\_\_\_

**EMERGENCY INFORMATION**

	PARENTS	NEAREST RELATIVE	NEIGHBOR
NAME			
ADDRESS			
PHONE			

HAS HE/SHE HAD ANY SURGERY OR SERIOUS ILLNESS WITHIN THE LAST 3 YEARS? \_\_\_YES \_\_\_NO. IF YES, EXPLAIN:

IS HE/SHE REQUIRED TO TAKE ANY MEDICATION? \_\_\_YES \_\_\_NO. IF SO, FOR WHAT REASON AND HOW OFTEN?

DOES HE/SHE HAVE ANY ALLERGIES OR ALLERGIC REACTION TO ANY MEDICATION? \_\_\_YES \_\_\_NO. IF YES, EXPLAIN.

IS HE/SHE PRESENTLY UNDER A DOCTOR'S CARE? \_\_\_YES \_\_\_NO. IF YES, EXPLAIN.

**PHOTO RELEASE AGREEMENT**

\_\_\_\_\_ I AUTHORIZE VALLEY PRESBYTERIAN CHURCH TO POST PICTURES OF MY MINOR ON THE CHURCH WEBSITE (NO NAMES WILL BE DISCLOSED)

\_\_\_\_\_ I DO NOT AUTHORIZE VALLEY PRESBYTERIAN CHURCH TO POST PICTURES OF MY MINOR ON THE CHURCH WEBSITE.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_