

**CALVARY CHAPEL
GENERAL RELEASE FROM LIABILITY
AND INDEMNITY AGREEMENT**

I acknowledge that I have voluntarily authorized my child to participate in the Calvary Chapel _____ (“Activity”). I understand that participating in the Activity involves the risk of injury to my child.

In consideration of my child’s participation in this Activity, I agree to release Calvary Chapel, together with its employees, agents and volunteers, from any liability or claims I may have in connection with my child’s participation. I personally assume all risks associated with my child’s participation, and I agree to hold Calvary Chapel harmless against all liability or claims arising out of my child’s participation. I understand that this Agreement will remain in effect for the duration of my child’s participation in the Activity.

In the event of any dispute that may arise from my child’s participation in the Activity, I agree to resolve the dispute through a mutually agreed Christian conciliation or mediation service; in keeping with the teaching of 1 Corinthians 6, I will not pursue any legal claims in civil court against Calvary Chapel, or against its employees, agents or volunteers.

I HAVE READ THIS AGREEMENT BEFORE SIGNING IT.

DATED this _____ day of _____, 20____.

Child’s Name: _____

Signature of
Parent or Guardian: _____

Address: _____

Phone Home: _____ Work: _____

EMERGENCY MEDICAL CARE AND TREATMENT

If it should become necessary for my child to receive medical treatment for any reason, I understand that the insurance policy for Calvary Chapel acts in a primary position **only** when the participant is not already covered by insurance. Consequently, I agree to submit all claims first to my insurance company and then to the insurance company for Calvary Chapel.

I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the program which is over and above that which is covered by insurance.

In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health. If it is not advisable to take the time to contact me in advance, or if I cannot be reached, I waive my right to informed consent for such treatment.

Moreover, **I understand** that temporary emergency measures may be necessary to safeguard my child's health, and I do hereby authorize and request personnel from Calvary Chapel to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my child can be safely transported to a doctor or hospital.

Special Medical Information (Medications, allergies, etc.):

DATED this ____ day of _____, 20__.

Signature of
Parent or Guardian: _____

Child's Name: _____ Date of Birth: _____

Name of Insured: _____

Insurance Company: _____

Policy Number: _____ Group Number: _____

Person to contact in
emergency if I am not available: _____

Phone: _____