

**This form MUST be turned in no later than the first choir rehearsal**

**Emmanuel Faith Community Church Children's Choir Medical Authorization Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Siblings in Wee Sing, Joyful Sounds, or One Accord to be covered by this release:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone (Home) ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Parent/Guardian living with child \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Other contact person \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Primary Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Insurance Company's phone ( ) \_\_\_\_\_

Please include a copy of your insurance card with this release form.

BRIEF MEDICAL HISTORY AND/OR SPECIFIC INSTRUCTIONS OR INFORMATION TO PHYSICIAN OR NURSE concerning any specific physical or mental condition or medications they should be aware of.

Any restrictions? \_\_\_\_\_

I (we), the parents/guardians of the aforementioned student, do hereby authorize Emmanuel Faith Community Church (EFCC) as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment if rendered at office of said physician 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 aforesaid agents to give specific consent to any and all such diagnosis or treatment deemed advisable. This authorization shall remain effective unless revoked by you.

I, the undersigned, being the parent/guardian of the aforementioned, have read and understand the above. I will keep you updated on any changes on child's release form. This medical release will be kept on file at Emmanuel Faith Community Church to use for any future activities and/or trips.

\_\_\_\_\_  
Initial

**Photo/Video Release**

I give my permission that photos or video may be taken at Children’s Music events and potentially used by Emmanuel Faith Community Church in picture slide shows/ video, printed pieces, or electronic media (like e-mail and the EFCC web site). Pictures will not include students name or any other form of identification.

\_\_\_\_\_ Initial

**Activity / Trip Release Form, Waiver, Indemnity and Assumption of Risk Agreement**

*We request that all participants read and sign this release and waiver to indicate that they have accepted all risks personally when participating in sporting activities, music department outings, mission trips, and youth outings including travel to these activities sponsored by EFCC (collectively Participation”). We also strongly encourage any without medical insurance coverage, to not expose themselves and EFCC to the financial ramifications of possible injury from Participation.*

The undersigned, hereby releases Emmanuel Faith Community Church, its pastors, elders, officers, agents, (collectively “Released Parties”) from any and all rights, claims, liabilities, lawsuits, damages, and expenses, including attorneys’ fees of any kind, known or unknown, existing or arising in the future, including those arising from negligent conduct of the Released Parties (“Claims and Damages”) which the undersigned have or may have in the future against Released Parties resulting from or related to the undersigned’s Participation.

The undersigned expressly waives any and all rights and benefits conferred by the provisions of Sections 1542 of the California Civil Code, which provides as follows: “A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him, must have materially affected his settlement with the debtor.” This means that you are waiving any and all rights and benefits that you may have to claims against the Released Parties, even if you do not now know of the claims, even if you do not now suspect the claims exist, and even if the claims, if you had known of them, would have materially affected your decision to waive these claims.

\_\_\_\_\_ Initial

**PARENT OR GUARDIAN’S ADDITIONAL INDEMNIFICATION**

(Must be completed by legal guardian for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor’s name) (“Minor”) being permitted by EFCC to participate in this activity, I acknowledge that I have read and understand the attached Activity/Trip Release, Waiver, Indemnity and Assumption of Risk Form, agree to be bound by its terms, and further agree to indemnify and hold Released Parties harmless from any and all Claims and Damages which are brought by, or on behalf of Minor, and which are in any way connected with such Participation by Minor. If I can not accompany the Minor in this event then I authorize Ministry staff person (s) in charge of this activity/trip/camp to accompany **and take full responsibility** for the minor.

By signing below I confirm that I have read and understood the above agreement and waiver.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE of Parent or Guardian

\_\_\_\_\_  
DATE