

# Liability & Medical Release (January 1, 2024 - December 31, 2024)

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_\_(the "<u>Child</u>"), hereby acknowledge and agree that although every activity sponsored by The Well Community Church ("<u>The Well</u>") is carefully planned and supervised by adults ("<u>Supervising Adults</u>"), even thorough planning and reasonable precautions cannot prevent unforeseeable acts and events.

By signing below, I agree that neither I nor my heirs, beneficiaries, guardians, distributees, legal representatives, or successors and assigns will make or bring a claim against, sue, or attach the property of The Well in connection with any injury or damage (including death) that arises out of, results from or is related to the Child's participation in any activities sponsored by The Well. I further agree to indemnify, defend and hold The Well harmless from and against any and all claims, liabilities, causes of action, damages, judgments, costs and expenses, including attorney's fees and litigation costs, which may arise out of, result from or relate to, the Child's participation in any activities sponsored by The Well.

Moreover, pursuant to California Family Code §6910, I hereby authorize the Supervising Adults, into whose care the Child shall be entrusted during activities sponsored by The Well, to consent to medical treatment for the Child for any accident, injury or illness that arises while the Child is participating in activities sponsored by The Well, whether on or off church property, or during transportation to and from event locations including, but not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care that is deemed advisable by a duly licensed physician or surgeon (collectively, a "<u>Physician</u>") and is provided by that Physician or under that Physician's supervision, regardless of where that treatment is provided, whether in the United States or worldwide.

### PARENT OR GUARDIAN SIGNATURE\_\_\_\_\_

# Publicity Release (January 1, 2024 - December 31, 2024)

I, \_\_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_\_\_ (the "<u>Child</u>"), hereby grant to The Well and its affiliates, free of charge, permission to use The Child's name, visual images, comments, voice, likeness and biographical information, without the necessity of prior approval, and consent, as that term is defined in California Civil Code §3344, to such use, in whole or in part, on or in connection with any of The Well's publicity, advertising and/or promotional materials, throughout the world in perpetuity. In granting the foregoing permission and consent, I understand that the Child's name, visual image(s), comments, voice, likeness and biographical information may appear in various forms, included, but not limited to, magazines, newspapers, books, brochures, newsletters, television and videos, advertisements, photographs, e-mails and the Internet.

# PARENT OR GUARDIAN SIGNATURE

## EMERGENCY MEDICAL INFORMATION (January 1, 2024 - December 31, 2024)

NAME OF CHILD	AGE
ADDRESS	
PHONE	
PARENTS WORK PHONE NUMBER(S)	
OTHER THAN PARENT, IN CASE OF EMERGENCY NOTIFY:	
NAME	PHONE
DATE OF LAST TETANUS SHOT	
ANY HEALTH RESTRICTIONS, ALLERGIES OR MEDICATIONS	
INSURANCE COMPANY	POLICY #

### **MEDICAL RELEASE:**

In the event I cannot be reached in an emergency during a The Well Community Church (The Well) Activity for the years 2021-2022, I hereby give my permission to the physician or dentist selected by The Well Community Church to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian below is intended to serve as a medical release.

#### PARENT OR GUARDIAN SIGNATURE\_\_\_\_\_

DATE\_\_\_\_\_PRINT NAME\_\_\_\_\_\_(You may sign your own release if you are over 18)

#### THE WELL COMMUNITY CHURCH OF KINGSBURG

968 Sierra Street, #172, Kingsburg, CA 93631 | (559) 800-8751

Include any pertinent information below