

Evangelical Free Church of Chico

ACTIVITY PARTICIPATION AGREEMENT, WAIVER AND RELEASE

ASSUMPTION OF RISK

I understand that participation in any Evangelical Free Church of Chico's (EFCC) activity involves the risk of injury, illness, or death. I acknowledge these risks and affirm that I am willing to assume responsibility for the minor child should injury, illness, or death result. I further understand that before participating in any activity, the minor child should consult a physician for advice as needed.

RELEASE OF LIABILITY

In consideration for my minor child's permissive use of EFCC's facilities, I agree on behalf of myself, my heirs, executors, and assigns to fully and forever release and discharge EFCC its officers, directors, volunteers, and employees from any and all liability, claims, demands, damages, actions or causes of action that arise or that are in any way related to my use of EFCC's facilities to the fullest extent permitted by law.

MEDICAL COSTS/INSURANCE

I understand that EFCC does not provide medical insurance coverage for any injury or illness arising from my use of the facilities. I certify that I have, or will obtain health insurance coverage for my minor child and agree that I will submit any costs for treatment for any injury or illness arising from their use of the facilities through my own health insurance, or will otherwise be financially responsible for such costs. I hereby agree not to hold EFCC responsible for any medical expense incurred as the result of the minor's participation in any of its activities.

EMERGENCY MEDICAL TREATMENT

I am the parent/legal guardian of this minor child and I hereby authorize and consent to any x-ray, examination, anesthetic or surgical diagnosis, treatment and emergency care which is deemed advisable by and is rendered under the general or specific supervision of any member of the medical staff licensed under the provisions of the Medical Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California, Department of Public Health.

I understand that in the event medical intervention is needed, every attempt will be made to notify the emergency contact person prior to treatment, but in the event I cannot be reached in an emergency, I, the parent or legal guardian of this minor, hereby give my consent for emergency medical care prescribed by a duly licensed Medical Professional. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

PHOTOGRAPHY RELEASE

I understand that the EFCC uses photos and video to promote VBS on their church website and in their church services. I authorize EFCC to use photos and/or video that may include my child.