

Medical Release Form for Minors

I, the undersigned parent or guardian, hereby consent for my child to participate in a mission trip through Lancaster Baptist Church or West Coast Baptist College. If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. I hereby authorize the group leader to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them on the bottom of this sheet.

I understand and hereby agree to assume all of the risks, which may be encountered on said trip, including activities preliminary and subsequent thereto. I do hereby agree to hold Lancaster Baptist Church and West Coast Baptist College and its agents and employees harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

Medical conditions of which to be aware:

Telephone number where I may be reached in an emergency: (____) _____

I do not wish my child to participate in the following:

Is participant covered by personal/family medical insurance? ____Yes ____No

If yes, name of insurer: _____

Policy or group number: _____

Child's name _____

Signature of Parent or Legal Guardian _____ Date _____

Printed Name of Parent or Legal Guardian _____