



**PARENT/GUARDIAN CONSENT TO MEDICAL, DENTAL, OR HOSPITAL CARE**

I, \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_  
(name of parent or guardian)  
\_\_\_\_\_ (hereinafter "my child") who was born on \_\_\_\_\_.  
(name of minor)

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the supervisor or his/her authorized designee in the exercise of his/her best judgment, upon advice of such physician, dentist, and surgeon, may deem advisable.

Dated: \_\_\_\_\_, \_\_\_\_\_ Event: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN)

\_\_\_\_\_  
(PRINT NAME OF PARENT OR GUARDIAN)

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone No. Work Phone No

\_\_\_\_\_  
Medical/Health Insurance Company Insurance Policy No.

\_\_\_\_\_  
In Case of Emergency Notify Relationship to minor

\_\_\_\_\_  
Emergency Phone No.

\_\_\_\_\_  
Allergies/Allergic reactions of my child

\_\_\_\_\_  
Medicine being taken by my child

\_\_\_\_\_  
Other information regarding my child's health that a doctor should know

**RELEASE, WAIVER & INDEMNITY AGREEMENT  
NEW LIFE COMMUNITY CHURCH OF FAIR OAKS, INC.**

IT IS THE INTENTION OF \_\_\_\_\_ BY THIS AGREEMENT TO  
(PARENT OR GUARDIAN OF MINOR)  
**EXEMPT AND RELIEVE NEW LIFE COMMUNITY CHURCH OF FAIR OAKS INC. AND ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH OF \_\_\_\_\_**  
(NAME OF MINOR)  
**CAUSED BY ANY ACT OF NEGLIGENCE OF NEW LIFE COMMUNITY CHURCH OF FAIR OAKS INC. AND ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES.**

For and in consideration of permitting \_\_\_\_\_ to observe, or use any facility or  
(name of minor)  
equipment of New Life Community Church of Fair Oaks Inc, or engage in and/or receive instruction in any activity or activity incidental thereto **SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY** at: New Life Community Church of Fair Oaks Inc in the city of Fair Oaks, County of Sacramento and State of California, beginning on the day of \_\_\_\_\_, 2009, the undersigned parent and/or guardian of \_\_\_\_\_: **hereby voluntarily and absolutely releases, discharges, waives**  
(name of minor)  
**and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death occurring to \_\_\_\_\_ as a result of \_\_\_\_\_**  
(name of minor) (name of minor)  
**observing or using facilities or equipment of New Life Community Church of Fair Oaks Inc, or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue.**

The undersigned parent of guardian of \_\_\_\_\_ for him/herself, his/her heirs, executors,  
(name of minor)  
administrators or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against New Life Community Church of Fair Oaks Inc or its officers, agents, servants or employees, the undersigned parent or guardian **will indemnify and hold harmless** New Life Community Church of Fair Oaks Inc **and its officers, agents, servants or employees** from any and all claims or causes of action by \_\_\_\_\_ or by any other person or entity, by whomever or  
(name of minor)  
wherever made or presented, and **under no circumstances will the undersigned parent or guardian of \_\_\_\_\_ present any claim against New Life Community Church of Fair Oaks Inc, and**  
(name of minor)  
**said persons for personal injuries, property damage, wrongful death or otherwise, caused by any act of negligence by New Life Community Church of Fair Oaks Inc and said persons.**

**The undersigned parent or guardian represent that he/she has read this Release**, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities or instruction offered, **assumes all risks associated with such dangers and risks**, and is fully aware of and understand the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Dated: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

Print name of parent or guardian: \_\_\_\_\_