



5724 N. Fresno St.
Fresno, CA 93710
559.431.0333

North Fresno Church 2018-19 Waiver Notice and Medical Authorization- Minor

_____ (“Participant”) has my permission to participate in all North Fresno Church Children’s Ministry activities, which includes being driven by certified volunteers of North Fresno Church. This waiver notice and medical authorization will remain in effect from its execution until August 30, 2019 or until cancelled in writing by the participant’s parent or guardian.

In the event of illness or serious injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care that are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital furnishing health care services.

I promise to indemnify, defend and hold North Fresno Church, its officers, board members, agents, volunteers, and employees harmless from any and all liability or claims, which may arise out of or in connection with my child’s participation in activities or the rendering of health services pursuant to the above medical authorization.

I fully understand that participants are to abide by all the rules and regulations governing conduct during children’s ministry activities and those principles consistent with the mission and purpose of North Fresno Church. Any violation of these rules and regulations may result in that individual being sent home at the expense of the participant’s parent(s) and/or guardian(s).

I am the parent/guardian of the participant and I represent that I have the custody and authority necessary to grant the above permission, waive claims, and authorize medical treatment for the participant.

Parent/Guardian (Sign): _____ Date: _____

Parent/Guardian (Print): _____

Address: _____ Best Phone: _____

Medical Insurance Carrier: _____ Policy Number: _____

Doctor’s Name: _____ Doctor’s Phone: _____

Allergies/Medical Concerns: _____

Current Medications: _____

In the event of an emergency, please notify:

Name & Relation: _____ Phone: _____

Name & Relation: _____ Phone: _____

Media Release Form

I am the parent/guardian of _____ (please print name of child) who is a child under the age of eighteen. I grant permission for my child to be included in any and all media which has been or will be made by North Fresno Church. North Fresno Church and its agents my permission to use my picture in video and digital still images for the North Fresno Church Children's Ministry events and outreach on audio tapes, recordings, reproductions, websites, documents, DVD's, movies and any or all photographs.

I hereby release North Fresno Church, its employees and agents from any and all claims for damages, libel, slander, invasion of the right of privacy, or any other claim based on the use of video or photos.

I have read this release form and fully understand the meaning of it.

Name (please print): _____

Signature: _____

Date: _____