CALVARY CHAPEL
LA COSTA HILLS

Permission Slip
Vacation Bible School
Waiver of Liability and Release Agreement

Participant's Name: _____Birth Date: _____/_____/_____

Street Address: _____

City: _____State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____(Parent)

Waiver:
In consideration of Calvary Chapel La Costa Hills permitting my child to participate in the **Vacation Bible School on August 3rd-5th, 2015**, I hereby for my child, heirs, administrators and assigns, waive any and all rights and claim of any nature I may have against Calvary Chapel La Costa Hills and any organization connected with the said youth event, their representatives, successors, and assigns for any and all injuries or damages of any nature which my child may suffer while taking part in this event. I will assume all risks associated with this event of any kind that may befall my child or any other person as a result of my child's participation in this event. This waiver and release, which includes all claims, demands, costs, losses, damages, attorney's fee, and liabilities shall be binding on my heirs, administrators, and assigns and run in favor of Calvary Chapel La Costa Hills. **These authorizations shall remain effective until August 5, 2015, unless sooner revoked in writing delivered to said Agent.**

I HAVE READ THIS WAIVER AND LIABILITY AGREEMENT AND UNDERSTAND
THE TERMS USED AND THEIR LEGAL SIGNIFICANCE.

Calvary Chapel La Costa Hills has my permission to seek emergency
medical care for my child if such is required.

IMPORTANT: Minors must have this waiver signed by a parent or guardian.

SIGNATURE: _____DATE: _____
　　　　　　　(Participant)

SIGNATURE: _____DATE: _____
　　　　　　　(Parent/Guardian)

PRINT: _____DATE: _____
　　　　　(Parent/Guardian)
　　　　　(Parent or Guardian if participant is under 18 years of age)

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MEDICAL INFORMATION

Insurance Company: _____

Claim Office Address: _____

_____

Claim Office Phone: _____

Policy Number: _____

Employer Name: _____

Address: _____

Phone: _____

Where Parent can be reached: _____

Other Emergency # if parent can't be reached (please state relationship)

_____

Special medical conditions of minor such as diabetes, allergic reactions, and medications currently using:

_____

_____

Doctor's Name: _____

Address: _____

Phone: _____