



# SAN CLEMENTE Calvary Chapel

## Event Release for Calvary Chapel San Clemente

I, the parent / guardian of \_\_\_\_\_, a minor, give my permission for him/her to participate in the activities of Calvary Chapel San Clemente.

**Photography release:** I authorize the adults acting as agents of said Church to take and use images (photo and/or video) of said Minor in church promotional media including, but not limited to, brochures, bulletins, flyers, video publications, and the website. In consideration of the images taken and produced I do not require any monetary or financial payment of incentive or benefit but consider the images taken to be a form of service to the church.

**Medical release:** The undersigned parent or legal guardian hereby authorizes the minor listed above to participation in the Calvary Chapel San Clemente sponsored activity aforementioned. Authorization is hereby given to secure hospitalization or other medical treatment necessary in case of an emergency.

The undersigned releases Calvary Chapel San Clemente, any members, or staff from all claims which may hereafter develop and accrue on account of, or by reason of, any injury, loss, or damage which may be suffered, by me, my child, or any member of my family, or to any property because of any matter, thing, or condition whatsoever, and I assume and accept the full risk or danger of any hurt, injury, or damage which may occur through or by reason of any matter, thing, or condition, negligence, or default, of any person or persons whatsoever.

This authorization will remain effective while the minor listed on this form is involved or participating in the event's activities. It shall be effective on the following days: January 18th, 2014 unless it is revoked in writing by the undersigned and delivered to said Church.

### Parent / Guardian Name and Signature

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature

Parent / Guardian phone(s) (\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_

### Alternate emergency contact name

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### Medical Insurance Carrier

\_\_\_\_\_ Policy # \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Allergies / Comments / Special Instructions (Continue on back if needed):