



MEDICAL RELEASE & INDEMNITY FORM: 2019

PARTICIPANT (CHILD'S) NAME: _____

PARENT/GUARDIAN'S NAME: _____

BIRTH DATE: _____ GRADE COMPLETED: _____ GENDER: M F

PHYSICIAN: _____ PHYSICIAN'S PHONE #: _____

INSURANCE COMPANY: _____ POLICY#: _____

PARENT'S TELEPHONE NUMBER: _____

I declare that I am the natural parent, guardian, or managing conservator of the above-mentioned participant, a minor. I hereby give permission for my child to participate in the activity described below:

All LSM Student events

Specific LSM Student Events: _____

In consideration for my child being permitted to participate in the above-listed activities, I agree to RELEASE, WAIVE, INDEMNIFY, HOLD HARMLESS, AND DISCHARGE LINCOLN PRESBYTERIAN CHURCH, its officers, employees, agents, representatives, successors, assigns, and volunteers, and all persons, natural or corporate, from any and all claims or causes of action of any kind whatsoever (including causes of action for negligence or gross negligence), at common law, statutory or otherwise, that the child, the child's parents, the child's legal representatives, heirs and/or assigns, have or might hereafter have, known or unknown, now existing or that might arise hereafter, directly or indirectly attributable to the child's participation in the above listed activity.

Further, should my child need medical treatment while attending this activity, I grant the authority to Lincoln Presbyterian Church its officers, employees, agents, representatives, and volunteers to consent to medical treatment in the event I cannot be contacted. This authorization expressly includes the authority to sign releases on my behalf for medical services and facilities. I promise to assume liability for payment of all such medical services and facility fees and to reimburse Lincoln Presbyterian Church for any medical expenses that may be incurred on behalf of my child.

SIGNATURE OF PARENT (GUARDIAN) _____ **DATE:** _____

EMERGENCY CONTACT: _____ **PHONE NUMBER:** _____

LINCOLN PRESBYTERIAN CHURCH IMAGE CONSENT & RELEASE FORM

Lincoln Presbyterian Church often uses still and video images in its publicity and/or public relations advertisements. With this document, Lincoln Presbyterian Church is attempting to affirmatively record your approval for your child/children's participation in these visual representations.

The agreement below allows you to express your approval for your child/children's name, picture, art, written work, voice, verbal statements and/or portrait (video or still) to appear in future Lincoln Presbyterian Church printed / video / publicity materials. These materials may or may not personally identify your child/children.

The undersigned Parent/Guardian releases to LINCOLN PRESBYTERIAN CHURCH the images of the child/children listed below, and the undersigned consents to LINCOLN PRESBYTERIAN CHURCH'S use of these materials as a part of their property.

The undersigned Parent/Guardian understands and agrees that:

- No monetary consideration shall be paid by Lincoln Presbyterian Church for use of [] the Image/Statement; []
- The undersigned's consent and release has been given without coercion or [] duress; []
- The images may be used in subsequent years by Lincoln Presbyterian Church. []

This Consent and Release may be rescinded at any time with written notice to Lincoln Presbyterian Church, 900 Douglas Road, Stockton, CA 95207. []

EFFECTIVE DATE OF AGREEMENT: _____

CHILD/CHILDREN'S NAMES (PLEASE PRINT): _____

PARENT/GUARDIAN NAME (PLEASE PRINT): _____

PARENT/GUARDIAN SIGNATURE: _____ []