



PARENT CONSENT AND MEDICAL AUTHORIZATION

My child, _____, has my permission to participate in the recreational
(please print full name)
and sporting activities offered by First Chinese Baptist Church, in the city of Los Angeles, and the State
of California.

Should it be necessary for my child to have medical treatment while participating in the activity, I hereby give the person(s) in charge permission to act on my behalf to SECURE HOSPITALIZATION or medical services deemed necessary and appropriate by the physician. I absolve said Church from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. I understand that the First Chinese Baptist Church has no accident insurance. Any cost incurred shall be my sole responsibility.

I also hereby voluntarily RELEASE, DISCHARGE, WAIVE, AND RELINQUISH any and all activities or causes of action for personal injury, property damage or wrongful death occurring to my child arising as a result of engaging in said activity or any activities incidental thereto. Under no circumstances will I, or my child, his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against First Chinese Baptist Church or any of its officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by negligence of any said persons, or otherwise. IT IS MY INTENTION, BY THIS INSTRUMENT, TO EXPRESSLY ASSUME ALL RISK OF SUCH PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE, TO THE EXCLUSION OF FIRST CHINESE BAPTIST CHURCH AND TO EXEMPT AND RELIEVE FIRST CHINESE BAPTIST CHURCH FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR OTHERWISE.

I agree that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against First Chinese Baptist Church arising from or related to my child, I shall indemnify and save harmless the same First Chinese Baptist Church from any claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

I acknowledge that I have read the foregoing paragraphs, have been fully and completely, advised of the potential danger incidental to engaging in the activity and I am fully aware of the legal consequences of signing the within instrument.

Signature

Date

Print Name

Relationship to participant

Day-time phone: _____ Evening Phone: _____

Name of Health Insurance Co. _____