

COLLEGE GUYS ALL NIGHTER – OCTOBER 28, 2011

Delmar Full Gospel Church

282 Elsmere Ave., Delmar, NY 12054

AUTHORIZATION FOR MEDICAL ATTENTION, CHURCH ACTIVITIES AND WAIVER FOR LIABILITY

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR A MINOR CHILD OR CHILDREN

I, _____ residing at _____ am the _____
Guardians name PLEASE PRINT complete address (father/mother/legal guardian)
of _____ / _____ and _____ / _____
First child's full name age Second child's full name age Third child's full name age

In the event reasonable attempts to contact me at this emergency telephone number _____ have been unsuccessful, I hereby give my consent to my Pastor or recognized/authorized Leader of Delmar Full Gospel Church to (1) obtain emergency treatment (such as X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care) to be rendered to said minor under the general or special supervision and upon the advise of a physician duly licensed under the provisions of Article 131 of the New York State Education Law or the jurisdiction of the location of the treatment, and (2) the transfer of the minor child to any hospital reasonably accessible to render such necessary care. This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians concur in the necessity for such surgery, and that my child's health will be otherwise compromised. I agree to release Delmar Full Gospel Church from financial liability for such medical expense which may be incurred, in the event such is not covered under any medical payment portion of any liability insurance policy, which may be in effect in the event such action need be taken. I represent that either I have medical insurance or I intend to furnish payment at my own expense.

PERTINENT FACTS TO WHICH A PHYSICIAN SHOULD BE ALERTED: Allergies; medications taken; physical impairments (also please include the name of your Medical Insurance provider and Medical Insurance Subscriber #) Indicate if a sheet is attached _____

First child _____

Second child _____

Third child _____

PERMISSION FOR A MINOR TO PARTICIPATE IN THE FOLLOWING DESCRIBED ACTIVITIES: (To be filled out by authorized persons of DFGC)

PURPOSE OF ACTIVITY: For the college guys to have an overnigher!

POSSIBLE "RISK" ACTIVITIES: driving to/from Community Life Church (formerly First Baptist Church) in Catskill, playing basketball, dodgeball, volleyball, games in the gymnasium

DESTINATION: Community Life Church (20 W Main St, Catskill, NY 12414), and then DFGC

STARTING DATE & TIME: Arrive at DFGC on Friday, October 28, 2011 at 9:00pm

ENDING DATE & TIME: Done on Saturday, October 29, 2011 at 6:30am

SUPERVISOR: Pastor Greg (emergency cell number: 852-7885) and Pastor Tim (emergency cell number: 965-3662)

COST: Bring \$10-15 for a late night restaurant run!

WAIVER OF LIABILITY I hereby affirm that I am the lawful guardian, and give my consent for the minor(s) named above to participate in the above described DELMAR FULL GOSPEL CHURCH (DFGC) activity. I am a member (or friend) of DFGC, which is a religious corporation (a church). I will not hold said DELMAR FULL GOSPEL CHURCH liable or responsible for any injury to my child beyond the limits of any insurance that may be in force and effect, and which provides coverage for injuries such as may happen. I acknowledge that no representations have been made to me about whether such coverage does or does not exist. In the event it does not exist, I understand that I am releasing DELMAR FULL GOSPEL CHURCH, and any person officially connected with this event, from any and all liability for any and all injuries which my child may receive, and specifically release DELMAR FULL GOSPEL CHURCH and its leaders personally from any and all liability, causes of actions, claims, damages and expenses of any nature on account of injury (except as above noted for medical payment) sustained to my child's person or property, even injury resulting in death, resulting from the ordinary negligence, fault or lack of ordinary or due care exercised by the said church or its agents.

A PHOTOCOPY OF THIS AUTHORIZATION FOR MEDICAL CARE SHALL BE AS VALID AS THE ORIGINAL, AND IN EFFECT UNTIL REVOKED IN WRITING.

This signed release form signifies my agreement to all of the above:

(DATE)

(SIGNATURE OF NAMED PARENT OR GUARDIAN)

NOTE: If the center portion of this form is not completely filled out - **DO NOT SIGN IT!**

Delmar Full Gospel Church requires a form for each minor be completed and signed by the minor's parent or legal guardian before the trip begins. No minor will be allowed to ride to or participate in the above described activity unless this form is completed and filed in the church office, with a copy in the hands of the driver. Thank you for your cooperation.

ABSOLUTELY NO EXCEPTIONS MADE