

Event name / Location: Vacation Bible School at Chinese Christian Church of NJ

Event dates: August 9 - 13, 2010 **Event Sponsor:** Children's Ministry

In consideration for being accepted by Chinese Christian Church of New Jersey for participation in the above event, we (I), being 21 years of age or older, do for ourselves (myself) [and for and on behalf of my child-participant if said child is not 21 years of age or older] do hereby release, forever discharge and agree to hold harmless Chinese Christian Church of New Jersey and its officers or staffs or co-workers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above event.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. Further, we (I) [and on behalf of my child-participant if said child is under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in work activities and recreation involved in the therein.

The undersigned further hereby agrees to hold harmless and indemnify said church, its officers, staff and co-workers for any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

For participant under age of 21 years:

We are (I am) the parents or legal guardian of this participant. In case of emergency and if family physician cannot be reached, We (I) hereby give our (my) permission to take said participant to a Certified Emergency Personnel (i.e. EMT, doctor or hospital) and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bill, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

By signing below, I acknowledge that I have read and understand the above and that I accept the conditions contained herein. I also represent with signature below that by signing on behalf of the child indicated below, I am the legal guardian of the said child.

Participant: _____ (one sheet per participant)

 X _____

Print the name of parent or legal guardian

Relationship

 X _____

Signature

Date

The purpose of this information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. It shall be maintained to keep information most updated.

Name: _____ Date of Birth: _____

Family physician: _____ Phone: _____

Hospital Preference: _____

Insurance company: _____

Policy number: _____

Emergency contacts:

Name Phone Relationship

Name Phone Relationship

Please list any allergies/medical problems, including those maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder, etc.)

| Medical Diagnosis | Medication | Dosage | Frequency of Dosage |
|-------------------|------------|--------|---------------------|
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Any other medical information may be useful:

Signature of parent _____ Date _____