## Rocky Mountain Calvary Chapel, Inc. 2019 Medical/Liability Release, Permission Agreement

## 2019

## MEDICAL RELEASE/AUTHORIZATION TO CONSENT TO TREATMENT:

I hereby authorize the treatment of	by a qualified and licensed
medical doctor in the event of a medical emergency v	which in the opinion of the attending
physician, may endanger his/her life, cause disfigurer	ment, physical impalement, or undue
discomfort if delayed, while said youth is participating	ig in a church program including
transportation to and from that program or trip. Also,	I hereby authorize Rocky Mountain
Calvary, as agents of the undersigned, to consent to a	ny x-ray examination, anesthetic, medical or
surgical diagnosis or treatment and hospital care which	
rendered under the general or special supervision, of	· · · · · · · · · · · · · · · · · · ·
staff of a hospital, whether such diagnosis or treatment	
said hospital. It is understood that this authorization i	
treatment, or hospital care rendered but it is given to	• • • • • • • • • • • • • • • • • • • •
the aforesaid agents to give specific consent to any ar	
care which the aforementioned physician in the exerc	
advisable. Rocky Mountain Calvary is not liable for	
Initial	any such treatment rendered.
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TRANSPORTATION RELEASE: I realize that the	church's insurance begins where the
individual's health and accident policy terminates. It	· ·
extended to its limits. Initial	is only varia when other modulates has seen
extended to its immest mixed	
Your Insurance Company/Policy#	
1 out insurance company, 1 one, 1	<del></del>
PERSONAL BELONGINGS RELEASE: I realize	that Rocky Mountain Calvary Chapel, Inc.
(hereafter referred to as "Rocky Mountain Calvary")	· · · · · · · · · · · · · · · · · · ·
and hereby release them from any liability resulting f	1 1
Initial	rom the loss of their of those belongings.
<b>DISCIPLINE RELEASE:</b> If in the event of repeated	d misconduct. I authorize the staff to send
my student home at my (parent's) expense. Initial	
, , , , , , , , , , , , , , , , , , ,	<del></del>
<b>NATURE OF RISKS:</b> I understand that voluntarily	traveling to and attending the various Youth
Ministry events may involve certain risks beyond the	
Calvary, its staff, volunteers, and sponsors in connect	•
including but not limited to accidents, emergencies, e	•
persons, etc. Rocky Mountain Calvary, its staff, voluments	
responsibility for any such risks. Initial	incors, and sponsors disciant any and an
responsibility for any such risks. Initial	
WAVIOR OF LIABILITY/HOLD HARMLESS A	AGREEMENT:
	-0-1
I, as parent/s	guardian of(youth
I,, as parent/g participant), give my permission for my child to atter	and participate in the activities sponsored
by Rocky Mountain Calvary. As the undersigned (par	rent and/or legal guardian) I hereby release
from liability Rocky Mountain Calvary, its staff, volu	, , , , , , , , , , , , , , , , , , ,
accident en route, during, and returning from the spot	
and/or legal guardian) does also hereby give permissi	
vehicle designated by the adult in whose care the mir	

participating in sponsored activities. Therefore, consideration of the opportunity to allow the youth to participate in youth outings and activities, the undersigned does hereby forever release and discharge Rocky Mountain Calvary, its staff, recognized volunteers and sponsors from any and all claims, demands, rights and causes of action of any kind or arising out of any and all known and unknown, foreseen or unforeseen bodily and personal injuries, property damage or the consequence thereof, resulting from any accident, casualty or even involving the above-named youth participant and arising out of participating in Church sponsored youth outings and activities.

I understand this means I agree not to sue any and all of the released parties for any injuries or property damage resulting to the above named youth participant during or in connection with his or her participation in Rocky Mountain Calvary's sponsored youth outing and activities.

I acknowledge that this is a full and complete release for all injuries and damages which the

undersigned may sustain	as a result of participation in any cl	nurch activity.
I permission for him/her t under the direction of Ro	o go, to travel, and to participate in a	ofgive my any activity as mentioned above
Parent(s) Name(s):		Phone
Parent Employment:		
Insurance Company:		
Policy Holder's Name:_	In	s. Phone #:
School:		_Grade:
Date of Last Tetanus:		
		ent for:
	youth is presently taking:	
Is the youth restricted fro	om any activities?	
Emergency Contact:	Phone	Relationship
Date:	Signature:	