

OCEAN VIEW CHURCH
Medical & Photo Release Form

Child's Name

Release of Liability For all Events

I hereby release, forever discharge and agree to hold harmless Ocean View Church, its directors, employees, and volunteers, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above-named child that may occur during any activities. Furthermore, I hereby assume all risk and personal injury, sickness, death, damage and expense as a result of the participation in these activities. The undersigned further agrees to hold harmless and indemnify Ocean View Church, its directors, employees, or volunteers for any liability sustained by said church as the result of the negligent, willful, or intentional acts of the above-named child, including expenses incurred attendant hereto. I, _____, parent or legal guardian of herein authorize the adult sponsor of Ocean View Church, San Diego, CA, to consent to any X-ray, examination, anesthetic, medical or surgical supervision and on the advice of any physician or surgeon licensed to practice in the state of treatment, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful.

Signature of Parent or Guardian

Printed Name

Date

Photo/Video Release Form for all Events

I understand the photograph(s) or video or audio recording(s) taken of my child by agents, employees or representatives of Ocean View Church shall be used in connection with Ocean View Church dissemination of information about its religious services, ministry or educational activities and programs.

I hereby irrevocably authorize and give permission for Ocean View Church to copy, exhibit, publish or distribute any and all such images and audio of my child or wherein he/she appears, including composite or artistic forms and media, for purposes of publicizing Ocean View Church programs or any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my child's likeness appears.

I hereby hold harmless and release and forever discharge Ocean View Church from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on behalf of my estate have or may have by reason of this authorization.

I hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.

Project Title/ Activity Description:

Signature of Parent or Guardian

Printed Name

Date

Address

City/State/Zip

Date

BOTH SIDES OF FORM MUST BE COMPLETED
Ocean View Church 2460 Palm Ave. –San Diego- CA – 92154
(619) 424-7870 * FAX (619)424-5615

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PERSONAL INFORMATION

Student's Full Name: _____

Home Address: _____

City: _____ Zip Code: _____ Home Phone: () _____

Student's Email: _____

Gender: _____ Birth Date: _____

School: _____ Grade: _____

Mom's Name: _____ Mom's Work Phone: () _____

Dad's Name: _____ Dad's Work Phone: () _____

Person to Contact if a Parent Cannot be Reached: _____

Address: _____

Telephone: _____

INSURANCE INFORMATION

Insurance Company: _____ Group #: _____

Claim Office Phone Number: _____

Employer Name and Address: _____

MEDICAL INFORMATION

Special Condition of Minor such as Diabetes, Allergic Reactions, Medications Currently Using:

Doctor's Name: _____ Phone No.: _____

Address: _____

Date of Last Tetanus-Toxoid Booster: _____ Blood Type (if known): _____

Will the Minor require any medication during any event? Yes _____ No _____ If yes, name of medications: _____

Dosage/frequency: _____

Minor Administers? Yes: _____ No: _____

Needs Help: _____ Adult Administers? Yes: _____ No: _____

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