FOOTHILLS CHRISTIAN CHURCH
350 W. CYPRESS SUITE "B", EL CAJON, CA 92020
(619) 442-7728, (619) 442-1467, FAX: (619) 442-5161

MEDICAL AND LIABILITY RELEASE FORM/PERMISSION SLIP

Activity: In Bounds Purity Conference

Day/Date: Thu, July 18-Fri, July 19
9:00am-3:00pm

Location: Foothills Christian Church

Cost: $20

The undersigned represents to Foothills Christian Fellowship, that he/she is a natural parent or legal guardian of the below named minor child: and,

The undersigned does hereby consent to such minor child taking part in the noted activity, with the full understanding that insofar as such activity might involve sporting activities, travel and mingling with other individuals and groups, that there is always the risk of injury, illness and loss, and possibly consequent expense for medical diagnostic and curative treatments, and incidental loss and expense; and, in behalf of such minor assume the 'risk of such and expense and does hereby wholly release Foothills Christian Fellowship from any responsibility or liability, and waives any claims or causes or action against it or its agents that might arise on account of loss, injury or expense occasioned by any sort of accident or other circumstance involving such child, and agrees to hold harmless Foothills Christian Fellowship in event any such claim should arise; and,

The undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by Foothills Christian Fellowship and its agents; and, does hereby authorize Foothills Christian Fellowship or its staff members or other agents to arrange for and consent to x-rays, examinations, anesthetic, dental, medical or surgical diagnosis, and treatment, and hold harmless Foothills Christian Fellowship. The undersigned will furnish payment or insurance for, and such payment, at his or her own expense.

First & Last Name of Minor: _____ Birthdate: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Parent Phone: _____ Alternate Phone: _____

Emergency Contact First & Last Name: _____

Emergency Contact Phone Number: _____

Doctor: _____ Phone: _____

Insurance Information: _____

Does your child have permission to receive Tylenol? _____

Does your child have any medical conditions that we need to be aware of during the event? _____

If so, explain: _____

Parent First & Last Name: _____ _____

Parent Signature: _____

Amount Due $20.00
Today's Date: _____ Person Receiving: _____ Amount Paid: _____ □Cash □Credit □Check#: _____