

LA Central Korean SDA Church Authorization Form

Minor's Name: _____

Minor's DOB: _____

Address: _____

Parent/Legal Guardian: _____

Home Phone: _____

Emergency Contact Name: _____

Emergency Phone: _____

Family Physician: _____ Phone: _____

Insurance Name: _____ Insurance Number: _____

Allergies: _____

The undersigned is the parent or legal guardian of the minor child named above (hereinafter "MINOR"). The undersigned gives permission for MINOR to participate in any activities, events, functions, ministries, and programs ("ACTIVITY") sponsored by, or related to, LA Central Korean SDA Church ("CHURCH"), located at 1666 Michigan Avenue, Los Angeles, California 90033.

The undersigned acknowledges and authorizes CHURCH, its agents, directors, employees, officers, and volunteers, in whose care MINOR has been entrusted, to consent to any or all medical and/or surgical diagnosis, treatment, and hospital care to be rendered to MINOR under the general and specific supervision of the California Medical Practice Act, and any or all dental diagnosis, treatment or hospital care to be rendered to MINOR by a dentist licensed under the provisions of the California Dental Practice Act.

By signing this document, the undersigned releases and forever discharges CHURCH, its agents, directors, employees, officers, and volunteers from any and all legal claims, damages, liability, costs or expenses arising out of, or related to, any ACTIVITY in which MINOR attended or participated in, including transportation to and from said ACTIVITY if provided by the CHURCH. The undersigned understands that this document is a full release of all claims for personal or bodily injury and property damage which MINOR may sustain as result of attending or participating in any ACTIVITY. Furthermore, the undersigned cannot seek on behalf of him/herself or MINOR, any type of recovery or reimbursement, including but not limited to attorney's fees, court costs, and reasonable investigative and discovery costs, from CHURCH, its agents, directors, employees, officers, and volunteers.

This Authorization to remain in full force and effect from _____ to _____.

Date:

NAME OF PARENT/GUARDIAN

SIGNATURE