



## NEW SONG CHURCH: Minor Release Form

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_

NEW SONG CHURCH ACTIVITY \_\_\_\_\_

DATE(S) OF ACTIVITY \_\_\_\_\_

### **AUTHORIZATION TO CONSENT TO TREATMENT**

I/We, the undersigned, do hereby authorize New Song Church through any of its agents or employees appointed to work in its Special Events ministry, to act as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the civil Code of California. This authorization shall remain effective through \_\_\_\_\_  
(Last day of the activity), unless sooner revoked in writing and delivered to said agent(s).

I, \_\_\_\_\_, hereby indemnify, hold free and harmless, assume liability for, agree to defend the New Song Church, its agents, servants, employees, officers, and directors from any and all costs and expenses, including but not limited to attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which the New Song Church, its agents, servants, employees, officers, and directors may pay or become obligated to pay on account of any, all and every demand for, claim or assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of \_\_\_\_\_  
(activity name/description) including transportation to or from said activity. Said indemnity shall apply to any liability of New Song Church, its agents, servants, employees, officers, and directors, and all real or personal property of said organization or individuals, which may be caused by any action or omission, directly or indirectly by myself.

Name (print) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**IN CASE OF AN EMERGENCY:**

Parent(s) \_\_\_\_\_  
Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relative \_\_\_\_\_  
Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**OTHER EMERGENCY CONTACTS:**

Name \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family Doctor \_\_\_\_\_  
Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Medication/Allergies (be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_