



Candlelight Christian Fellowship

5725 N. Pioneer Drive, Coeur d’Alene, ID 83815 (208) 772-7755

Release of Liability and Medical Release—for Minors

Date: _____

Name of minor: _____ Birthdate: _____

Name of parent(s) or legal guardian(s): _____

Address: _____

Phone #: _____

Work Phone #: _____

Other person to call in an emergency: _____

Phone#: _____

For and in consideration of permitting _____ (name of minor), to observe, or use any facility or equipment (including transportation services whether by bus, van or private vehicle) of Candlelight Fellowship, Inc. (also known as Candlelight Christian Fellowship) or engage in and/or receive instruction in any activity or activity incidental thereto SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY at: Candlelight Christian Fellowship in the city of Coeur d’Alene, State of Idaho and other locations without restriction, as of (today’s date) _____ the undersigned parent and/or legal guardian of the minor: hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to _____ (name of minor) as a result of observing or using facilities or equipment of Candlelight Christian Fellowship, or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY or in activities incidental thereto wherever or however the same may occur, and for and whatever period said activities or instructions may continue. The undersigned parent or legal guardian of the minor for him/herself, his/her heirs, executors, administrators, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Candlelight Christian Fellowship or its officers, agents, servants, or employees, the undersigned parent or legal guardian will indemnify and hold harmless Candlelight Christian Fellowship and its officers, agents, servants, or employees from any and all claims or causes of action by the minor or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or legal guardian of the minor present any claim against Candlelight Christian Fellowship and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by Candlelight Christian Fellowship and said persons. The undersigned parent or legal guardian represents that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a **complete and unconditional release of all liability** to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Signature of Parent or Legal Guardian _____

Date _____

Only valid if the front and back sides of this form are dated and signed.

Medical Consent Form for Minors (Medical Information)

Is minor presently being treated for an injury or sickness or taking any medication? Yes No

If yes, please explain: _____

Does minor have, or has minor ever had, any of the following? (Please check all that apply.)

Asthma Hay Fever Kidney Disease Diabetes Heart Murmur Seizure Disorders Allergies Other

If yes, please explain: _____

Minor's blood type _____ (if known).

Does minor have a physical handicap or illness that would prevent him or her from participating in a normal activity?

Yes No If yes, please explain. _____

Family Doctor (If Applicable): _____ Doctor's Telephone (If Applicable): _____

Insurance Co. & Policy #: Name: _____ Policy #: _____

Medications permitted: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the minor named above, do hereby consent to the participation of my minor in the activities of Candlelight Fellowship, Inc. (also known as Candlelight Christian Fellowship). Further, I certify that my minor is physically fit and adequately prepared to participate in all recreational events. If I wish to revoke or update this consent for any reason, I will promptly notify Candlelight Christian Fellowship in writing.

Medical Treatment Authorization

I understand that I am welcome to attend any and all activities and should therefore be present to make any and all medical decisions for minor. However, if I am present and injured, deceased, or cannot provide medical directives, I authorize the calling of a doctor and/or the providing of necessary life-saving medical services to minor—if said minor is injured or becomes ill. I authorize the pastoral staff of Candlelight Christian Fellowship, or another adult chaperone designated by the pastoral staff, to make emergency medical care decisions such as appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care on behalf of minor. Furthermore, I give Candlelight Christian Fellowship staff permission to administer prescription medications as needed per the attached given directions. **If there are no specific directions above, Candlelight Christian Fellowship, staff, another adult chaperone designated by the pastoral staff, volunteers, et al. are given no permission to administer prescription medications of any kind.**

If I am not present, I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and/or the providing of necessary life-saving medical services in the event that minor is injured or becomes ill. I authorize the pastoral staff of Candlelight Christian Fellowship, or another adult chaperone designated by the pastoral staff, to make emergency medical care decisions such as appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care on behalf of minor. Furthermore, I give Candlelight Christian Fellowship staff permission to administer prescription medications as needed per the attached given directions. **If there are no specific directions above, Candlelight Christian Fellowship, staff, another adult chaperone designated by the pastoral staff, volunteers, et al. are given no permission to administer prescription medications of any kind.**

I understand that Candlelight Christian Fellowship will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the church of any health changes that would restrict minor's participation in any activities. I also understand that the designated adult chaperones reserve the right to restrict minor from any activity that they do not feel is within the physical capabilities of minor.

Signature of Parent or Legal Guardian _____ Date _____

Only valid if front and back sides of this form are dated and signed.