Medical Consent, General Release Of Liability, & Indemnification Agreement

Child's Name :_____ Birthdate:_____

I give permission for Child to attend and participate in the FECA Student Retreat Dec. 28-31, 2011. In consideration for Child being accepted by FECA for participation in Activities, I hereby release, and forever discharge and agree to hold harmless FECA, its employees and its volunteer Youth Workers and Retreat Staff ("Staff") from any and all liability, claim or demand for personal injury, sickness or death as well as any property damage and costs and expenses, of any nature whatsoever which may be incurred by the Child while the Child is participating in Activities occurring during the said period.

I assume all risk of personal injury, sickness, death of the Child and property damage and cost and expense which may result from the Child's participation in Activities. Further, I give authorization and permission to FECA to furnish any necessary transportation, food and lodging for the Child.

I agree to hold harmless and indemnify FECA, its employees and agents, and its Staff against any and all liability sustained by FECA, its employees, its agents and its Staff, as result of the negligent, willful or intentional acts of the Child including costs and expenses and attorney's fees incurred.

"A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM/HER MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR."

I am aware of said code section and hereby expressly waive any rights I may have thereunder, as well as under any other statutes or common law principles of similar effect.

I authorize an adult, in whose care the minor has been entrusted, to consent to any and all emergency treatment of the Child, including but not limited to, X-ray examination, anesthetic, medical surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed by the State of California, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I acknowledge that my medical and/or personal injury/accident insurance is primarily responsible for any and all claims resultant from the Child's participation in Activities. FECA's insurance is secondary to my insurance.

I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and/or dental services rendered to the Child pursuant to this authorization. Should it be necessary for Child to return home due to medical reasons or otherwise, I shall assume any and all transportation costs. I also hereby give permission for the Child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in Activities.

_____

parent/guardian's signature date

Please fill out completely.

_____ _____

parent/guardian's name home phone number work or cell phone number

Medical insurance? (circle one) Yes No _____

family physician

_____ _____

insurance company policy number/family account number

In case of emergency, if I cannot be reached, please notify:

(name) _____at (phone) _____

Medical History (allergies, special conditions and/or medication, etc.