



5724 N. Fresno St.  
Fresno, CA 93710  
559.431.0333

**North Fresno Church 2017-2018  
Waiver Notice and Medical Authorization-Minor**

\_\_\_\_\_ (“Participant”) has my permission to participate in all North Fresno Church Children’s Ministry activities, which includes being driven by certified volunteers of North Fresno Church. This waiver notice and medical authorization will remain in effect from its execution until August 30, 2018 or until cancelled in writing by the participant’s parent or guardian.

In the event of illness or serious injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care that are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital furnishing health care services.

I promise to indemnify, defend and hold North Fresno Church, it’s officers, board members, agents, volunteers, and employees harmless from any and all liability or claims, which may arise out of or in connection with my child’s participation in activities or the rendering of health services pursuant to the above medical authorization.

I fully understand that participants are to abide by all the rules and regulations governing conduct during children’s ministry activities and those principles consistent with the mission and purpose of North Fresno Church. Any violation of these rules and regulations may results in that individual being sent home at the expense of the participant’s parent(s) and/or guardian(s).

I am the parent/guardian of the participant and I represent that I have the custody and authority necessary to grant the above permission, waive claims, and authorize medical treatment for the participant.

Parent/Guardian (Sign): \_\_\_\_\_

Parent/Guardian (Print): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Doctor’s Name: \_\_\_\_\_ Doctor’s Phone: \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

In the event of an emergency, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Media Release Form**

I give North Fresno Church and its agents my permission to use my picture in video and digital still images for the North Fresno Church Children’s Ministry events and outreach on audio tapes, recordings, reproductions, websites, documents, DVD’s, movies and any or all photographs.

I hereby release North Fresno Church, its employees and agents from any and all claims for damages, libel, slander, invasion of the right of privacy, or any other claim based on the use of video or photos.

I have read this release form and fully understand the meaning of it.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_ (please print name of child) who is a child under the age of eighteen. I grant permission for my child to be included in any and all media which has been or will be made by North Fresno Church.

\_\_\_\_\_

\_\_\_\_\_

Signature of parent or guardian

Date