

# Surf n' Pray Saturdays

For all advanced surfers, beginning surfers, "I-want-to-learn" surfers & even non-surfers!!

## RELEASE FORM

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Whereas, I give permission for my above named child to join the Youth Group of Peninsula Covenant Church as they go surfing in Santa Cruz on the following dates: 6/20, 7/11, 7/25, 8/15. I understand that staff and students will be traveling by Church Vans and/or rented or private vehicles. I understand that we and/or our insurance carrier assume full responsibility for all payments and cost of said emergency treatments. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination; medical, dental, or surgical diagnosis, treatment and hospital are advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or any hospital. I expect to be contacted as soon as possible.

Whereas, I recognize that the participation in the above activities may be hazardous and dangerous.

Now therefore, in consideration of the privilege extended to the above child by Peninsula Covenant Church, through its officers, agents, servants and employees, I do hereby, for myself, my heirs, executor and/or administrator, remise, release and forever discharge Peninsula Covenant Church and all its officers, agents, servants and employees, acting officially or otherwise, from any and all actions, causes of action, claims and demands for, upon, or by reason of any injury, damage, loss or death which may occur from any cause including, but not limited to any accident while participating individually or with others in said events.

### **INSURANCE INFORMATION (CHECK ONE):**

- I have medical insurance, listed below  
 I have no medical or accident insurance, and I agree to pay any and all medical and/or dental expense directly or indirectly related to my participation in the ministry and its related activities, including during the transportation to and from event(s).

Name of Parent or Legal Guardian \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Insurance Company Name \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**We are Not responsible for any items that may be lost, stolen, or damaged.**

Without this form your student will not be allowed to participate in any aspect of the above described event.