

Permission Slip / Medical Consent Form (For Minor)

Activity: Chinese Christian Family Church – 2019 Spring Retreat

Location: Biola University
13800 Biola Avenue
La Mirada, CA 90639
(562) 903-6000

Dates: May 25 – 27, 2019

Parent / Legal Guardian Information:

Full legal name of Parent/Legal Guardian
(print): _____

Home phone of Parent/Legal Guardian (area code +#): _____

Alternate phone of Parent/Legal Guardian (area code +#): _____

Address of primary Parent/Legal Guardian (Number, Street, Apt. #, City, State, Zip):

Alternate Emergency Contact if Parent/Legal Guardian cannot be reached
Name, Phone, Relationship: _____

Child / Dependant Information:

Full Legal Name of Child / Dependant	Known Medical Conditions / Food and Drug Allergies (optional)	Additional Medical Information (optional)

Consent for Participation, Treatment, and Waiver:

I, as a parent/legal guardian of the child(ren) specified in the Child/Dependant Information section of this form, hereby grant permission for the specified child(ren) to participate in the activity stated in this form, including travel to and from the location stated in this form and to any other destinations that may be encountered in the course of such travel. I also hereby grant permission for my child(ren) to receive any medical treatment that may arise during the stated activity and accept full liability for all consequences, including costs, that may arise from the administration of such treatment.

I agree to hold harmless and hereby waive and release any liability on the part of the Chinese Christian Family Churches of Alhambra and Inland Valley, its agents, counselors, volunteers, and participants, and of the Biola University for any injuries, damages, or losses sustained to my child(ren) arising from or in any way related to my child(ren)'s participation in the stated activity, resulting from any cause whatsoever, including negligence, on the part of the Chinese Christian Family Churches or any other participants in the stated activity.

Signature: _____ Date: _____

Adult Consent Form / Waiver

Activity: Chinese Christian Family Church – 2019 Spring Retreat

Location: Biola University
13800 Biola Avenue
La Mirada, CA 90639
(562) 903-6000

Dates: May 25 – 27, 2019

Participant's Information:

Full legal name of Participant

(print): _____

Home phone of Participant (area code +#): _____

Emergency Contact

Name, Phone, Relationship: _____

Known Medical Conditions (optional)	Food and Drug Allergies (optional)

Consent for Participation, Treatment, and Waiver:

I hereby state that I am at least eighteen years of age and am not the subject of a legal guardianship. I voluntarily choose to participate in the activity stated in this form, including travel to and from the location stated in this form and to any other destinations that may be encountered in the course of such travel. I understand that should I receive any medical treatment during the stated activity that I shall accept full liability for all consequences, including costs, that may arise from the administration of such treatment.

I agree to hold harmless and hereby waive and release any liability on the part of the Chinese Christian Family Churches of Alhambra and Inland Valley, its agents, counselors, volunteers, and participants, and of the Biola University for any injuries, damages, or losses that I might sustain arising from or in any way related to my participation in the stated activity, resulting from any cause whatsoever, including negligence, on the part of the Chinese Christian Family Churches or any other participants in the stated activity.

Signature: _____ Date: _____