

<p style="text-align: center;">Liability Release and Emergency Medical Treatment Agreement</p>

MEDICAL RELEASE ON BEHALF OF MINOR AND HOLD HARMLESS AGREEMENT

My son/daughter _____ has my permission to attend Chinese Church in Christ "*Gleanings for the Hungry*" outing to 43029 Road 104, Dinuba, CA 93618 from July 14 to July 15, 2013.

Pursuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize Chinese Church in Christ to procure medical or hospital care for my child in the event of injury or illness. I understand and agree that I am financially responsible for any care so procured.

I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE RISKS AND OTHER RELATED RISKS WHICH MAY BE ENCOUNTERED BY MY SON/DAUGHTER PARTICIPATING IN THE ABOVE ACTIVITY.

I agree that I hereby hold harmless and waive any and all claims against Chinese Church in Christ, its staff, and leaders for any accident, bodily or personal injury, damage to or loss or theft of any property, illness, or death of any person, including without limitation demands, liabilities, damages, judgments, losses, costs, expenses and/or penalties, including attorneys' and consultants' fee and disbursements, which arise out of joining _____ sponsored by Chinese Church in Christ.

I further state **that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND IS SIGNING THIS RELEASE AS AN ACT OF MY OWN FREE WILL.**

This is a legally binding agreement which I have read and understand.

Signature: _____ Date _____
Parent or legal guardian

Name: _____ Home phone: _____ Work phone _____
PRINT NAME

Spouse's name: _____ Phone: _____

Emergency contact person: _____ Phone: _____

Child's doctor's name: _____ Phone: _____

Medical coverage: _____ I.D. # _____

Any allergy, allergic reaction to drugs, current medications, or special condition of my child:

Signed agreement received by _____ date received _____

Release Form

Release of Liability:

I/We _____ do hereby release Gleanings For The Hungry, Inc., its agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course of involvement with Youth With A Mission, Inc.

Signature: _____ Date: ____/____/____

Year _____ Month _____ Day _____

Signature of Parent or Guardian is required if applicant is under 18 years of age:

Signature: _____ Date: ____/____/____ Relationship: _____

Month _____ Day _____ Year _____

Consent For Treatment:

In case of emergency, I/we _____ hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary. I/we also accept full responsibility for expenses related to medical care.

Signature: _____ Date: ____/____/____

Year _____ Month _____ Day _____

Signature of Parent or Guardian is required if applicant is under 18 years of age:

Signature: _____ Date: ____/____/____ Relationship: _____

Month _____ Day _____ Year _____

Gleanings For The Hungry

P.O. Box 309 Sultana, CA 93666

info@gleanings.org

<p style="text-align: center;">Liability Release and Emergency Medical Treatment Agreement</p>

MEDICAL RELEASE ON BEHALF OF MINOR AND HOLD HARMLESS AGREEMENT

My son/daughter _____ has my permission to attend Chinese Church in Christ “*SleepOver*” outing in Fremont, CA on July 26th to July 27th, 2013.

Pursuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize Chinese Church in Christ to procure medical or hospital care for my child in the event of injury or illness. I understand and agree that I am financially responsible for any care so procured.

I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE RISKS AND OTHER RELATED RISKS WHICH MAY BE ENCOUNTERED BY MY SON/DAUGHTER PARTICIPATING IN THE ABOVE ACTIVITY.

I agree that I hereby hold harmless and waive any and all claims against Chinese Church in Christ, its staff, and leaders for any accident, bodily or personal injury, damage to or loss or theft of any property, illness, or death of any person, including without limitation demands, liabilities, damages, judgments, losses, costs, expenses and/or penalties, including attorneys’ and consultants’ fee and disbursements, which arise out of joining _____ sponsored by Chinese Church in Christ.

I further state **that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND IS SIGNING THIS RELEASE AS AN ACT OF MY OWN FREE WILL.**

This is a legally binding agreement which I have read and understand.

Signature: _____ Date _____
Parent or legal guardian

Name: _____ Home phone: _____ Work phone _____
PRINT NAME

Spouse’s name: _____ Phone: _____

Emergency contact person: _____ Phone: _____

Child’s doctor’s name: _____ Phone: _____

Medical coverage: _____ I.D. # _____

Any allergy, allergic reaction to drugs, current medications, or special condition of my child:

Signed agreement received by _____ date received _____

<p style="text-align: center;">Liability Release and Emergency Medical Treatment Agreement</p>

MEDICAL RELEASE ON BEHALF OF MINOR AND HOLD HARMLESS AGREEMENT

My son/daughter _____ has my permission to attend Chinese Church in Christ “*Santa Cruz Trip*” outing on July 27th, 2013.

Pursuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize Chinese Church in Christ to procure medical or hospital care for my child in the event of injury or illness. I understand and agree that I am financially responsible for any care so procured.

I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE RISKS AND OTHER RELATED RISKS WHICH MAY BE ENCOUNTERED BY MY SON/DAUGHTER PARTICIPATING IN THE ABOVE ACTIVITY.

I agree that I hereby hold harmless and waive any and all claims against Chinese Church in Christ, its staff, and leaders for any accident, bodily or personal injury, damage to or loss or theft of any property, illness, or death of any person, including without limitation demands, liabilities, damages, judgments, losses, costs, expenses and/or penalties, including attorneys’ and consultants’ fee and disbursements, which arise out of joining _____ sponsored by Chinese Church in Christ.

I further state **that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND IS SIGNING THIS RELEASE AS AN ACT OF MY OWN FREE WILL.**

This is a legally binding agreement which I have read and understand.

Signature: _____ Date _____
Parent or legal guardian

Name: _____ Home phone: _____ Work phone _____
PRINT NAME

Spouse’s name: _____ Phone: _____

Emergency contact person: _____ Phone: _____

Child’s doctor’s name: _____ Phone: _____

Medical coverage: _____ I.D. # _____

Any allergy, allergic reaction to drugs, current medications, or special condition of my child:

Signed agreement received by _____ date received _____

<p style="text-align: center;">Liability Release and Emergency Medical Treatment Agreement</p>

MEDICAL RELEASE ON BEHALF OF MINOR AND HOLD HARMLESS AGREEMENT

My son/daughter _____ has my permission to attend Chinese Church in Christ “*Half Moon Bay*” outing on Aug 17th, 2013.

Pursuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize Chinese Church in Christ to procure medical or hospital care for my child in the event of injury or illness. I understand and agree that I am financially responsible for any care so procured.

I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE RISKS AND OTHER RELATED RISKS WHICH MAY BE ENCOUNTERED BY MY SON/DAUGHTER PARTICIPATING IN THE ABOVE ACTIVITY.

I agree that I hereby hold harmless and waive any and all claims against Chinese Church in Christ, its staff, and leaders for any accident, bodily or personal injury, damage to or loss or theft of any property, illness, or death of any person, including without limitation demands, liabilities, damages, judgments, losses, costs, expenses and/or penalties, including attorneys’ and consultants’ fee and disbursements, which arise out of joining _____ sponsored by Chinese Church in Christ.

I further state **that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND IS SIGNING THIS RELEASE AS AN ACT OF MY OWN FREE WILL.**
This is a legally binding agreement which I have read and understand.

Signature: _____ Date _____
Parent or legal guardian

Name: _____ Home phone: _____ Work phone _____
PRINT NAME

Spouse’s name: _____ Phone: _____

Emergency contact person: _____ Phone: _____

Child’s doctor’s name: _____ Phone: _____

Medical coverage: _____ I.D. # _____

Any allergy, allergic reaction to drugs, current medications, or special condition of my child:

Signed agreement received by _____ date received _____