

## Christ Community Church YTH Citywide Adult Volunteer Form

Please complete, sign, and date this form for adult leader attending this event. Completed form must be turned in upon arrival in order to attend.

<b>Student Information</b>		
First Name	Last Name	Home Phone
Gender	Date of Birth	Grade
<b>Group Information</b>		
Group Name	Leader's Name	
<b>Emergency Medical Information</b>		
Alternate Contact First Name	Last Name	
Phone		
Medical Insurance Provider	Policy/Group Number	
Special medical conditions/restrictions? NO YES (If yes, please explain)		
Medication allergies? NO YES (If yes, please explain)		
Food allergies? NO YES (If yes, please explain)		

<b>Medical Release (In case emergency medical treatment is necessary)</b>	
<p>I, the undersigned individual on this form, have legal authority, and do hereby authorize and consent to any X-ray examination, medical or surgical diagnosis, treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any member of the Medical Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health Services.</p> <p>It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care, which the physician in the exercise of his/her best judgment may deem advisable. The undersigned also assumes the primary responsibility for any costs connected with such treatment.</p> <p>This release form is completed and signed of my own free will with the purpose of participation in the CCC Mission Trip Program and events, authorizing medical treatment under any emergency circumstances.</p>	
Signature	Date

<b>Permission Statement</b>	
<p><b>MODEL RELEASE:</b> For promotional purposes, videos and photographs are taken at youth events. Your registration constitutes permission for Christ Community Church to use photos of you in promotional materials.</p>	
<p><b>LIABILITY RELEASE:</b> I understand that the CCC Mission Trip program is conducted by Christ Community Church through its employees, volunteers, participants, and others acting on Christ Community's behalf, all of whom are referred to together as "Christ Community" in this liability release. In consideration for the services provided through the CCC Mission Trip Program, I hereby agree to release and discharge all the parties referred to as Christ Community above as follows:</p> <p>I voluntarily choose to participate regardless of the risks of participating in the CCC Mission Trip Program. I understand and acknowledge that the CCC Mission Trip Program includes activities with a risk of injury or death. I expressly agree to accept and assume all risks arising from, or relating to, my participation in the CCC Mission Trip Program, including the risk of acts or omissions by Christ Community constituting ordinary or gross negligence. I assume these risks both on my own behalf. This release form is completed and signed of my own free will with the purpose of participating in the CCC Mission Trip Program. I have had a sufficient opportunity to read and understand this entire document. I agree to be bound by its terms.</p>	
Name Printed	
Signature	Date

