



# MINOR RELEASE FORM

MINISTRY OR EVENT YOU ARE SUBMITTING THIS FORM FOR:

**MINORS UNDER 18 YEARS OF AGE:** We are glad you want to participate in one of our ministries. Some personal and medical information is needed for you to be involved with a Outreach Ministries event. Because you are a minor, your parent or legal guardian MUST fill out this form. This document will help protect all volunteers and service recipients present. All information on this form will be kept strictly confidential, stored in a secure location and will not be released without your parent or guardian's permission.

## 1. MINORS INFORMATION (APPLICANT)

First Name:	Last Name:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Email:	School:	Current Grade:
Street Address:	City, State, Zip:	Date of Birth: Mo          Day          Year
Parent/Guardian First & Last Name:	Phone: <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell	Relationship to Minor:
Parent/Guardian First & Last Name:	Phone: <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell	Relationship to Minor:
Who does minor live with? (First & Last Name)	Relationship to Minor: (i.e. parent, guardian, relative, etc.)	

## 2. MEDICAL INFORMATION

Physician's Name:	Physician's Phone Number:	Blood Type:
Medical Insurance Information: (Proof of insurance required!) Name:                      Policy #:		Date of Last Tetanus Shot: Mo                      Year
Please list any medical conditions and/or medications your minor is currently taking and reasons for taking them. Also include any allergies and/or asthma:		

## 3. EMERGENCY CONTACT (OTHER THAN PARENT)

First Name:	Last Name:	Relationship to Minor:
Phone Number 1: <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell		Phone Number 2: <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell



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## LIABILITY RELEASE

I hereby release, forever discharge and agree to hold harmless Mariners Church & Mariners Outreach, its directors, employees and volunteers, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above stated minor that occur during any activities. Furthermore, I hereby assume all risk and personal injury, sickness, death, damage and expense as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify Mariners Church, its directors, employees or volunteers, for any liability sustained by said church as the result of the negligent, willful or intentional acts of the above named child, including expenses incurred attendant thereto. I herein authorize the adult sponsor of Mariners Church, Irvine, CA, to consent to any X-ray, examination, anesthetic, medical or surgical supervision and on the advice of any physician or surgeon licensed to practice in the state of treatment, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful. This authorization given pursuant to Section 25.8 of the Civil Code of California.

### PHOTO RELEASE

I understand the photograph(s), video or audio recording(s) taken of the minor listed above by agents, employees or representatives of Mariners Church shall be used in connection with Mariners Church's dissemination of information about its religious services, ministry and educational activities and programs. I hereby irrevocably authorize and give permission for Mariners Church to copy, exhibit, publish or distribute any and all such images and audio of this minor or where in s/he appears, including composite or artistic forms and media, for purposes of publicizing Mariners Church programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein this minor's likeness appears. I hereby hold harmless and release and forever discharge Mariners Church from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

## TRAVEL AUTHORIZATION (IF APPLICABLE)

I give permission for the applicant to enter the country of \_\_\_\_\_ with a group from Mariners Church under the leadership of a designated Mariners Church staff or volunteer leader. Because the above referenced minor is under the age of eighteen (18) years, I give my consent as indicated by my signature at the bottom of this document. I understand that this group is working under a ministry of the organization and has been invited by this organization to enter the country as their guest to participate with them in a cross-cultural service project. I further understand that my child has been instructed as to the culture, laws and regulations of the country above and will comply with all of these instructions. I recognize that the conditions in some of the places to which s/he will travel are not of the same standard as the conditions to which s/he is accustomed. I realize further that there are certain health risks as well as other risks to him/her and his/her property, and s/he enters into participation in the trip with knowledge of those risks.

My signature on this document confirms my understanding and agreement with the above statements and to my knowledge, the information provided on this form is true and correct.

Parent/Guardian Name: (printed):	Today's Date:
Parent/Guardian Signature:	Applicant Name: