Chinese Christian Church of New Jersey

Church Activity Liability Release Form and Emergency and Medical Information

Event name: Memorial Day Weekend Retreat 2019
Event location: Marywood University, 2300 Adams Ave., Scranton, PA 18509
Event date: May 25 to May 27, 2019
Event supervisor / phone number: Jin Z Chen Tel: 201-400-2386 (Cell)

In consideration for being accepted by Chinese Christian Church of New Jersey for participation in the above event, we/I, being 21 years of age or older, do for ourselves (myself) [and for and on behalf of my child/ren-participant if said child/ren is/are not 21 years of age or older] do hereby release, forever discharge and agree to hold harmless Chinese Christian Church of New Jersey and its officers or staffs or co-workers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and the child/ren-participant that occur while said child/ren is/are participating in the above event. Further authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this/these participant/s. Further, we/I [and on behalf of my child/ren-participant if said child/ren if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in work activities and recreation involved in the therein. The undersigned further hereby agrees to hold harmless and indemnify said church, its officers, staff and co-workers for any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. In case of emergency and if family physician can not be reached, We (I) hereby give our (my) permission to take said participant/s to a Certified Emergency Personnel (i.e. EMT, doctor or hospital) and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bill, if any. Further, should it be necessary for the participant/s to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs. We (I) grant full permission for organizers to use photographs, portraits, films, and videos of this/these participant/s from this event. By signing below, we (I) acknowledge that we (I) have read and understand the above and accept the conditions contained herein. We (I) also represent with signature below that by signing on behalf of the child/ren participant/s indicated below, we are (I am) the legal guardian of the said child/ren.

Child/ren Name	Date of Birth

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The purpose of this information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. It should be maintained to keep all information updated.

Family physician: _____ Phone: _____

_____ Hospital Preference: _____
Insurance company Policy number

Emergency contact: _____
Name Phone Relationship

Please list any allergies/medical problems, including those needing medication (e.g. diabetes, asthma, seizures, etc.)

Child/ren Name	Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Any other medical information that may be useful: _____

_____ Phone: _____
Parents or legal guardian signature(s) Date

_____ Relationship: _____
Print the name of parents (both) or legal guardian

If parent is not attending, guardian in charge is _____
(insert name)

Signature of guardian_____ Date_____

Revised March 2019