



# ADVENTURE CLUB MEDICAL RELEASE & PARENTAL CONSENT

## Foothill Christian Fellowship

1100 Sugar Pine Road  
Meadow Vista, CA 95722  
(530) 878-0293 - [www.fcfmv.org](http://www.fcfmv.org)

Child's Name (First & Last)

Doctor Name / Phone #

Allergies/Meds/Special Needs

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Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

### Emergency Medical Release

In the event of an emergency, I give permission and consent to authorize such first aid and/or medical care or treatment as deemed appropriate. I assume full responsibility for all costs and liability related to any treatment of my child.

\_\_\_\_\_  
Signature of parent / guardian

\_\_\_\_\_  
Date

### Waiver of Liability

I understand that my child/children may participate in physical activities. As with any physical activity, there is a risk of injury. In registering my child (ren) listed above for FCF Adventure Club, I hereby release and hold harmless Foothill Christian Fellowship (FCF) and any person or persons associated with FCF Adventure Club from all claims, damages, injuries, losses, expenses and liabilities which may occur from my child's participation.

\_\_\_\_\_  
Signature of parent / guardian

\_\_\_\_\_  
Date

### Other Terms and Conditions

1. I am aware that it is my responsibility to change and/or update this form as necessary.
2. I grant permission for photo(s) and/or video of my child to be used by FCF Adventure Club.
3. I have received and read the FCF Adventure Club Sick Policy and understand my child may be sent home in accordance with that policy.

**I have read and agree to the above Terms and Conditions.**

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Signature of parent / guardian

\_\_\_\_\_  
Date