

CALVIN PRESBYTERIAN CHURCH
Minor Release Form

Activity _____ Date(s) _____

Sponsor _____

Name of Minor _____ Age _____

Address _____

Name of Parent or Guardian _____

Address _____

Home Phone _____ Business Phone _____

Emergency contacts other than parents or guardian

1. Name _____ Wk Phone _____ Home Phone _____

2. Name _____ Wk Phone _____ Home Phone _____

Permission and Release: I give permission for my child to participate in this activity. In the event, he/she is injured; I waive and release all rights to any claim for damages against the sponsor or its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the *Rules* of the Institute for Christian Conciliation; judgement upon an arbitration award may be entered in any court otherwise having jurisdiction.

Medical Release: In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Family physician _____ Wk Phone _____ Home Phone _____

Medical Insurance Company _____

Pertinent medical information (diabetes, allergies etc.)

Signature _____ Date _____

THIS AGREEMENT SUBJECT TO ARBITRATION PURSUANT TO THE
OREGON ARBITRATION ACT ORS 36.300 ANNOTATED