

Consent to Medical Care of Minor

CONSENT TO MEDICAL TREATMENT

\_\_\_\_\_  
(Date)

I, \_\_\_\_\_, the \_\_\_\_\_ (father) (mother), of \_\_\_\_\_, a minor child, whose birth date is \_\_\_\_\_, authorize medical treatment during the year **2011**, for the purpose of attempting to relieve any condition which may occur while my child participates in **DBC Sportsworld 2011** event or activity of Denton Bible Church Student Ministries.

I further authorize the performance of any procedure that is deemed advisable in attempting to relieve this condition or any related unhealthy condition that may be encountered during any necessary operation.

I also consent to the administration of anesthesia to be applied by or under the direction of an anesthesiologist and to the use of such anesthesia as deemed advisable.

The effect and nature of the treatments of operations to be performed, and the possibility of complications and unforeseen consequences, have been explained to me. No warranty has been made as to the results to be obtained.

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Printed name and relationship)

## **WAIVER AND RELEASE OF LIABILITY**

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This Waiver and Release of Liability (“Waiver”) is entered into on the \_\_\_\_\_ day of \_\_\_\_\_, 2011, by and between Denton Bible Church (the “Church”) and \_\_\_\_\_ [name of participant] (“Participant”).

Participant desires to participate in **DBC Sportsworld 2011** event on the Church’s premises or as part of an off-premise Church activity.

In consideration of being permitted to participate in the Activity, Participant agrees as follows:

I RELEASE, WAIVE ALL CLAIMS AGAINST, DISCHARGE AND COVENANT NOT TO SUE THE CHURCH, OR ANY OF THE CHURCH’S ELDERS AND EMPLOYEES, INCLUDING BUT NOT LIMITED TO PASTORS, STAFF AND OTHER EMPLOYEES, MEMBERS, REPRESENTATIVES, OR VOLUNTEERS (COLLECTIVELY REFERRED TO HEREIN AS “CHURCH REPRESENTATIVES”) WITH RESPECT TO MY PARTICIPATION, INCLUDING WITHOUT LIMITATION ATTENDANCE AT, OBSERVATION OF, OR BEING OTHERWISE INVOLVED IN THE ACTIVITY (“PARTICIPATION”), WHETHER MY CLAIM OR THE CLAIM OF ANYONE ON MY BEHALF IS BASED ON OR ARISES OUT OF PERSONAL INJURY, DEATH OR INJURY TO PROPERTY AND

**WHETHER SUCH CLAIM IS CAUSED BY THE NEGLIGENCE OF THE CHURCH OR ANY OF THE CHURCH REPRESENTATIVES.**

I ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE DUE TO THE NEGLIGENCE OF THE CHURCH OR ANY OF THE CHURCH REPRESENTATIVES WITH RESPECT TO MY PARTICIPATION IN THE ACTIVITY.

I agree to indemnify and hold the Church harmless from the claims of any third party arising as a result of my participation in the Activity.

I HAVE READ THIS WAIVER IN ITS ENTIRETY AND I UNDERSTAND THAT BY SIGNING THIS WAIVER I AM RELEASING ALL FUTURE CLAIMS I MAY HAVE AGAINST THE CHURCH AND ANY CHURCH REPRESENTATIVES WITH RESPECT TO MY PARTICIPATION IN THE ACTIVITY.

PARTICIPANT(s):

Signature(s):

Signature(s):

Printed Name(s):

PARENT OR GUARDIAN OF PARTICIPANT, ON BEHALF OF PARTICIPANT (if under 18):

Signature:

Printed Name: \_\_\_\_\_,

on behalf of \_\_\_\_\_ [minor Participant's name]

\_\_\_\_\_ [minor Participant's name]

\_\_\_\_\_ [minor Participant's name]

\_\_\_\_\_ [minor Participant's name]

\_\_\_\_\_ [minor Participant's name]

\_\_\_\_\_ [minor Participant's name]

\_\_\_\_\_ [minor Participant's name]

## MEDICAL RELEASE FORM

As the parent/legal guardian of:

Student Name(s): \_\_\_\_\_

I request that in my absence the above-named student(s) be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named student.

Date of birth(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: ( ) - \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State TX

Zip Code: \_\_\_\_\_ Phone # H: ( ) - \_\_\_\_\_ Work #: ( ) - \_\_\_\_\_

Person to notify if parent/guardian is unavailable: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone # H: ( ) - \_\_\_\_\_ Work #: ( ) - \_\_\_\_\_

\_\_\_\_\_ | ( ) - \_\_\_\_\_  
Medical and/or Hospital Insurance Co Phone #:

\_\_\_\_\_ | \_\_\_\_\_  
Policy Holder Policy Number

Signature of Parent /Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO CONSENT**

**WAIVER AND RELEASE OF LIABILITY**

Your child(ren)'s photograph(s) may be used as part of the Denton Bible Church website.

You hereby grant Denton Bible Church a worldwide, gratuitous and non-exclusive license to copy, use, modify, reproduce, display, adapt, and transmit your child(ren)'s photograph for use on the Denton Bible Church website only and to permit users of the website to view, download, and print photographs.

You have the right to revoke your consent to future use of your child(ren)'s photograph at any time by contacting us at the address or phone number below.

If you have any questions, at any time, please email [churchlife@dentonbible.org](mailto:churchlife@dentonbible.org) or write to Denton Bible Church Churchlife, 2300 East University Drive, Denton TX 76209, or call 940-297-6700

This Waiver and Release of Liability ("Waiver") is entered into on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between Denton Bible Church (the "Church") and \_\_\_\_\_ [full name of individual].

I, HEREBY CONSENT TO AND AUTHORIZE DENTON BIBLE CHURCH (THE "CHURCH") TO TAKE AND USE PHOTOGRAPH AS TAKEN ON FOR THE PURPOSE OUTLINED ABOVE.

I UNDERSTAND THAT THIS CONSENT IS VOLUNTARY AND MAY BE REVOKED AT ANY TIME. I ALSO UNDERSTAND THAT PHOTOGRAPHS MAY OR MAY NOT BE DISPLAYED ON THE CHURCH WEBSITE.

I RELEASE, WAIVE ALL CLAIMS AGAINST, DISCHARGE AND COVENANT NOT TO SUE THE CHURCH, OR ANY OF THE CHURCH'S ELDERS AND EMPLOYEES, INCLUDING BUT NOT LIMITED TO PASTORS, STAFF AND OTHER EMPLOYEES, MEMBERS, REPRESENTATIVES, OR VOLUNTEERS (COLLECTIVELY REFERRED TO HEREIN AS "CHURCH REPRESENTATIVES") WITH RESPECT TO THE PUBLICATION, REPRODUCTION, DISTRIBUTION, MODIFICATION, COLLECTION, DISCLOSURE OR ANY OTHER USE OF MY CHILD(REN)'S PHOTOGRAPH.

I ACKNOWLEDGE THAT THE CHURCH HAS NO CONTROL OVER AND IS NOT RESPONSIBLE FOR ANY USE OR MISUSE INCLUDING, BUT NOT LIMITED, TO ANY ALTERATION, MODIFICATION, REUSE OR DISTORTION OF MY CHILD(REN)'S PHOTOGRAPH THAT MAY OCCUR OR BE CAUSED BY THIRD PARTIES. THE CHURCH WILL NOT BE MONITORING AND HAS NO CONTROL OVER THIRD PARTIES' USE OR MISUSE OF MY CHILD(REN)'S PHOTOGRAPH DISPLAYED ON THE WEBSITE.

I AGREE TO INDEMNIFY AND HOLD THE CHURCH HARMLESS FROM THE CLAIMS OF ANY THIRD PARTY ARISING AS A RESULT OF THE PUBLICATION, REPRODUCTION, DISTRIBUTION, MODIFICATION, COLLECTION, DISCLOSURE OR ANY OTHER USE OF MY CHILD(REN)'S PHOTOGRAPH.

I AGREE THAT MY CHILD(REN)'S PHOTOGRAPH TO BE USED BY THE CHURCH WILL BE MADE WITHOUT ANY PAYMENT TO ME.

I HAVE READ THIS WAIVER IN ITS ENTIRETY AND I UNDERSTAND THAT BY SIGNING THIS WAIVER I AM RELEASING ALL FUTURE CLAIMS I MAY HAVE AGAINST THE CHURCH AND ANY CHURCH REPRESENTATIVES WITH RESPECT TO THE PUBLICATION, REPRODUCTION, DISTRIBUTION, MODIFICATION, COLLECTION, DISCLOSURE OR ANY OTHER USE OF MY CHILD(REN)'S PHOTOGRAPH.

INDIVIDUAL:

Signature:

Printed Name:

PARENT OR GUARDIAN OF INDIVIDUAL, ON BEHALF OF INDIVIDUAL (if under 18):

Signature:

Printed Name: \_\_\_\_\_,

on behalf of \_\_\_\_\_ [minor INDIVIDUAL's name]