



BETHEL CHURCH AMP'D YOUTH XPERIENCE

**1201 S. Winchester Blvd.
San Jose, CA 95128
408-246-6790 ext. 253**

FIRST NAME	LAST NAME	GRADE	SCHOOL
ADDRESS	CITY, STATE		ZIP
DATE OF BIRTH	HOME PHONE	CELL PHONE	
EMAIL			

CELL CARRIER: (CHECK ONE)

Verizon

AT&T

T-Mobile

Metro PCS

Other _____

AMP'D YOUTH XPERIENCE: July 3, 2011 – June 27, 2012

*Acknowledgement/Agreement/Waiver/Assumption of Risk
To indemnify for minors and adult participants*

Upon the reception of this ministry/acknowledgement/agreement/waiver/assumption of risk agreement (hereinafter referred to as the "Agreement") Bethel Church (hereinafter "B.C.") hereby grants permission to the above named person to participate (hereinafter "Participant") in the Amp'd Youth Xperience Ministry of B.C. (hereinafter "BCAYX") subject to the following conditions, requirements and Agreement:

1. The undersigned person (parent/Legal Guardian of the above named minor or the above named adult Participant) understand, acknowledges, and agrees that the said Agreement applies whether Participant is an observer, bystander, or active participant, whether the activity is at the above stated premises, adjacent B.C. properties, or on an outing, including traveling to or from any such activities.
2. The Participant agrees that at all times he/she will obey all the BCAYX volunteers, pastors, staff, interns, (hereinafter "Staff") and all the BCAYX rules during BCAYX functions.
3. The Participant understands, acknowledges, and agrees that BCAYX activities (i.e. skateboarding, go-karts, laser tag, paintball, etc) are dangerous and can result in injury, death to the Participant, or damage to his/her property, and is fully aware of the risks and hazards inherent to such activities and hereby elects voluntarily to participate, knowing the present condition of B.C.'s ramps, equipment, facilities, and property with full knowledge that the said condition may become more hazardous and dangerous at any time while he/she is involved with the BCAYX.
4. The Participant hereby voluntarily assumes all risk of loss, damage, injury or death that may be sustained by he/she and any damage to his/her property while in the BCAYX. The Participant understands that that various degrees of experience and skill are required for the different surfaces and agrees that it will be his/her sole judgment as to what he/she will attempt to participate.
5. In consideration and upon the reception of this BCAYX Agreement, the undersigned hereby releases B.C. on behalf of the above named Participant, his/her heirs, assigns and legal representative from any and all liability for personal injuries or property damage to the Participant or death of the Participant arising out of the Participant's involvement, whether or not the said injuries or damages were caused by the negligent care of the Facilities, ramps, equipment or the BCAYX Staff. This release extends to B.C. and all its Staff, and the Participant agrees never to sue any or all of such persons or entities in connection with any and all damages, claims, demands, rights and causes of action of whatever nature based upon and all injuries to the person of, or damages to the property of the Participant.
6. The Participant agrees for himself/herself, and for his/her heirs and legal representatives, to indemnify B.C. and its Staff against, and to save B.C. and its Staff harmless from, any and all damages, actions, cause of actions, causes of action, claims, judgments, cost of litigation and attorney's fees, which may in any way and at any time result from the Participants involvement with the BCAYX, including injuries to the Staff or damages to the property of B.C.
7. B.C. may immediately revoke this Agreement for violations of any of its terms.
8. The Participant hereby represents and warrants to B.C. and its BCAYX that he/she is ____years of age.

Parent or Legal Guardian (Signature)

Adult Participant (Signature)

_____ Date _____

_____ Date _____

I as the Parent/Legal Guardian of the Participant have Read, understand and consent to the terms above and To the minor's becoming a Participant.

I as the Adult Participant have read, understand and consent to the terms above.

Relationship to skater

EMERGENCY MEDICAL RELEASE AND HEALTH RECORD
BETHEL CHURCH AMP'D YOUTH XPERIENCE, SAN JOSE, CALIFORNIA

Today's date _____

1. The undersigned do hereby authorize Bethel Church's Amp'd Youth Xperience and its appointed staff to consent to IMMEDIATE FIRST AID MEDICAL CARE, any X-ray, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for (youth) _____ born on _____ which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist at a hospital or elsewhere.

I also understand that my insurance or my own finances will cover any treatment, and Bethel Church will not be liable. (whether I am insured or not.)

I also give permission for the authorized Bethel Church Amp'd Youth Xperience Staff to administer medication my child has to take. I will provide the medication in the original container with written specific instructions for its dispensing. These will be given to the authorized Bethel Church Amp'd Youth Xperience Staff by me.

It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. It is also understood that the person presenting this authorization is acting as my (our) agent and will not be held liable for treatments rendered.

This authorization will remain effective while the above minor is in route to or from or involved participating, observing, or standing by any program or activity of Bethel Church's Amp'd Youth Xperience Ministry. Unless revoked by the undersigned in writing and delivered to Bethel Church.

HEALTH RECORD: My child is subject to or has the following:

_____ Frequent colds/sore throat	_____ Diabetes	_____ Stomach Aches
_____ Serious Plant Poisoning	_____ Asthma/Hayfever	_____ Sleep Walking/Nightmares
_____ Bronchitis/Sinusitis	_____ Convulsions/Epilepsy	_____ Heart trouble
_____ Other (please explain)	_____	

Any specific activities to be restricted? Yes _____ No _____

If yes, please explain _____

Local Hospital _____

Insurance Information: _____ (Company) _____ (policy #)

Emergency Contact _____ Phone _____

Parent or Legal Guardian (Signature)

Adult Participant (Signature)

_____ Date _____

_____ date _____

I as the Parent/Legal Guardian of the Participant
Have read, understand and consent to the terms
Above and to the minor's becoming a Participant.

I, as the adult Participant have read, understand and
consent to the terms above.

Please Print Parent/Guardians Name

Address/City/State/Zip code

Home phone

Work Phone

Relationship to participant