

**BETHEL CHURCH OF SAN JOSE
STUDENT MINISTRIES DEPARTMENT CONSENT FORM
2009 Calendar Year**

Liability and Medical Release

(I), (We), the undersigned, parent(s)/guardian(s) of _____ hereby agree to indemnify, defend and hold Bethel Church San Jose harmless from and against any claims, actions or demands alleging that Bethel Church San Jose has any liability to any third party arising from the subject use of facilities and/or incident at a Bethel Church event. (I), (We), also authorize the adult leaders(s) in charge as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practices Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable. It is understood, and agreed, this authorization will remain in effect indefinitely, unless canceled by the undersigned. (I), (We), understand that any medical expenses are (my), (our), full responsibility and will not hold Bethel Church accountable for any of them.

Activity Permission and Photo Release

(I), (We), the undersigned parent(s)/guardian(s) of _____ hereby give permission for this minor child to participate in Bethel Church activities and ride in a designated vehicle to any Bethel Church activity. This authorization will remain in effect indefinitely, unless canceled by the undersigned. I also give permission for free use of this minor child in a picture or video in any promotional material used for Bethel Church of San Jose.

SIGNATURE OF PARENT(S)/GUARDIANS(S): _____

DATE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

INSURANCE CARRIER NAME: _____ POLICY #: _____

DRUG ALLERGIES / MEDICAL PROBLEMS _____

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