



2018-2019

Volunteer/Student Release

Event: _____

Date: _____

Cypress St _____

El Adobe _____

Volunteer _____

Student _____

Grade _____

Age _____

Adult _____

HS _____

Date of Birth _____

First Name: _____

Last Name: _____

Spouse's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Emergency Contact: _____

Emergency Phone: _____

Medical Insurance Carrier: _____

Policy Number: _____

Allergy/Medical Information: _____

Permission for over the counter medications: Yes _____ No _____

Consent/Release Form

The volunteer or student above has my consent to attend any and all events from July 1st 2018 – June 30th 2019, sponsored by LOT318 and to participate in the activities involved in this event. I understand and agree that neither LOT318, nor its trustees, Board members, representatives, employees, or agents may be held liable in any way for an occurrence in connection with involvement in the small group activities, which may result in injury, harm, or other damages to the above student. In the event of a medical or dental emergency I authorize a representative of LOT318 pursuant to the provisions of California Family Code 6910, to consent to medical or dental care or both for the above student. I give my permission to the attending physician to hospitalize, secure proper treatment, and to order injections, anesthesia or surgery for my student. I understand that all billings for services rendered will be sent to me as the parent/Legal Guardian and that I am responsible for the complete payment. I understand that insurance coverage is the responsibility of each family, and that LOT318 coverage begins where our personal health and accident policies terminate. Regarding transportation, I am aware that my student will be transported to and from the event in a LOT318 vehicle, Friends Church shuttle or private vehicle. I also give permission to photograph and videotape my student for future promotional material, including LOT318 website postings, without expectation of compensation. I, also, understand that in the event of repeated misconduct, the staff is authorized to send my student home at my expense. I understand that a photocopy, facsimile, or computer version of this document shall be treated as the original.

I have read and agree to the conditions of the Parent/Adult Consent/Release Form above:

Volunteer or Student's Legal Guardian Signature

Date