

RELEASE FORM (for all participants) & PERMISSION TO ATTEND (for minors)

Vine Academy

ATTENDEE INFO: Student / Adult (circle one, and complete applicable fields below)

First Name: _____ Last Name: _____ Age: _____
 Address: _____ City/St: _____ Zip: _____
 Email: _____ Phone: _____ Birthday: MO / DAY / YEAR
 Specific medical allergies, chronic illnesses, or other conditions: _____

 Special Needs: _____
 Are all your immunizations up to date ? (circle) Yes - No If "No", list which are not up to date:
 Date of last tetanus shot: _____ Date of last medical exam _____

PARENT/GUARDIAN INFO – (Adults: Skip Father/Mother/Guardian fields)

Father/Guardian 1: _____ Phone: _____ Cell Phone: _____
 Mother/Guardian 2: _____ Phone: _____ Cell Phone: _____
 Doctor: _____ Phone: _____ Dentist: _____ Phone: _____
 Insurance Company: _____ Policy#/Group ID#/ID#: _____
 We normally use EMAIL as our primary communication tool to announce event details.
 Email: _____ Who checks this email? _____

PERMISSION TO ATTEND AND TRAVEL: The undersigned, being either a parent with legal custody or the legal guardian of the minor whose name appears above, hereby authorizes the student named above to participate in various events and/or trips with Vine Academy under the supervision of paid and/or volunteer leaders through May 31st, 2014, and to be recorded and photographed for promotional purposes (including website postings). I further agree to personally pick up my minor promptly if, at the sole discretion of the leader responsible for the event, the minor is ill or a disruption to the mission of Vine Academy. Note: If you desire to limit your child's participation in an event, please submit your wishes in writing to Vine Academy prior to the event. If the event is not on the Vine Academy campus, the undersigned Guardian(s) does also hereby give permission for our (my) minor-Participant to ride in any vehicle designated by the adult in whose care the minor-Participant has been entrusted participating in the event.

MEDICAL RELEASE: The undersigned, being an adult participant/parent with legal custody or the legal guardian of the minor whose name appears above, hereby authorizes any adult person (paid or volunteer) with VINE ACADEMY of Morgan Hill, CA into whose care the minor has been entrusted (or with whom I am traveling if an adult) to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, dental diagnosis or treatment, and/or hospital care to be rendered to the minor (or myself if an adult) under the general or special supervision of any member of the medical/dental staff and emergency room staff licensed under the provisions of the Medical Practice Act or Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It's 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 to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that efforts 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. This authorization is given pursuant to California Civil Code section 25.8. If a personal physician is listed, every effort will be made to contact such physician. The signing of this release only gives the Church and agents thereof, the right to consent for treatment of minors/adults. In addition, if above mentioned medical treatment is provided, the undersigned Guardian(s) authorizes any facility which has provided treatment to the minor-Participant to surrender physical custody of such minor to MHBC upon completion of treatment. It does not release signee of liability from medical cost arising from said treatment. It is understood that the releases provide no medical insurance for such treatment. I further agree to be liable for any expenses related to treatment performed under this release. The undersigned Participant/Guardian(s) further understands that Vine Academy and its directors, officers, employees, volunteers, and agents will not be held responsible in the event of accident, injury or disobedience, and that no warranty or guarantee has been made as to the result or cure of treatment. This release shall remain in effect through June 3, 2016. Please inform Vine Academy immediately in writing of any change in the information presented.

 DATE SIGNATURE OF PARENT / LEGAL GUARDIAN SIGNATURE OF STUDENT

 PRINT NAME PRINT NAME