

**Liability Release and  
Emergency Medical Treatment Agreement**

MEDICAL RELEASE ON BEHALF OF MINOR AND HOLD HARMLESS AGREEMENT

My son/daughter \_\_\_\_\_ has my permission to attend  
print full name

Winter Retreat at Mission Springs Camps and Conference Center  
event place  
on 11/8-11/10 2024 from All Day  
date times

Pursuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize Chinese Church in Christ to procure medical or hospital care for my child in the event of injury or illness. I understand and agree that I am financially responsible for any care so procured.

**I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE RISKS AND OTHER RELATED RISKS WHICH MAY BE ENCOUNTERED BY MY SON/DAUGHTER PARTICIPATING IN THE ABOVE ACTIVITY.**

I agree that I hereby hold harmless and waive any and all claims against Chinese Church in Christ, its staff, and leaders for any accident, bodily or personal injury, damage to or loss or theft of any property, illness, or death of any person, including without limitation demands, liabilities, damages, judgments, losses, costs, expenses and/or penalties, including attorneys' and consultants' fee and disbursements, which arise out of joining Winter Retreat sponsored by Chinese Church in Christ.

I further state **that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND IS SIGNING THIS RELEASE AS AN ACT OF MY OWN FREE WILL.** This is a legally binding agreement which I have read and understand.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Parent or legal guardian

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone \_\_\_\_\_  
PRINT NAME

Spouse's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical coverage: \_\_\_\_\_ I.D. # \_\_\_\_\_

Any allergy, allergic reaction to drugs, current medications, or special condition of my child:

\_\_\_\_\_  
\_\_\_\_\_