

# UNDER 18 RELEASE OF LIABILITY & CONSENT TO TREATMENT

Forms will only be accepted when ALL FIELDS are complete

Participant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## PARTICIPANT RELEASE, ASSUMPTION OF RISK, AND HOLD HARMLESS AGREEMENT

In consideration of being permitted to participate in the 2020 Mexico Outreach mission trip, including travel to and from the mission site ("Mexicali"), and for the services of Bayside Covenant Church, its agents, employees, volunteers, sponsors and all others acting in any capacity on their behalf to conduct Mexicali (collectively, "Bayside"), **I HEREBY AGREE TO RELEASE, DISCHARGE, INDEMNIFY AND HOLD HARMLESS BAYSIDE, ON BEHALF OF MYSELF, MY SPOUSE, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, AND ESTATE AS FOLLOWS:**

**1.** I acknowledge that engaging in international missionary service entails both known and unknowable risks that could result in illness, severe physical and emotional injury, paralysis, death or damage or loss to property. These include, but are not limited to: accidents in the course of travel to and from the destination; risk of injury or illness commonly associated with construction, recreation or other missionary service activities (including the risk of negligent acts or omissions); and risks associated with living and working in regions with underdeveloped security, buildings, roads, sanitation, food, water, and health care services and facilities. I understand that such risks are inherent to and cannot be eliminated from international missionary service.

**2.** I understand that international missionary service entails travel in countries or regions where there may be a risk of criminal or terrorist activity.

**3.** I further acknowledge the risk that Bayside may commit negligent acts or omissions during Mexico Outreach. I also acknowledge the risk that if I am injured or become ill during Mexicali, any such injury or illness may be made worse by negligent treatment or rescue efforts by Bayside or other third parties.

**4.** My participation in Mexico Outreach is purely voluntary, and I expressly agree to accept and assume all of the risks of participating in Mexico Outreach. **I specifically agree to accept and assume the risk that Bayside may commit negligent acts or omissions during Mexico Outreach. I also agree to accept and assume risk that any injury or illness I may suffer during Mexico Outreach may be made worse by negligent treatment or rescue efforts by Bayside or other third parties.**

**5. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Bayside** from any and all claims, demands, or causes of actions, which in any way arise from or are related to my participation in Mexicali, **including all claims alleging negligence if I am injured or become ill in any way during Mexico Outreach.**

**6.** In the event that I or any legal representative acting on my behalf files a lawsuit against Bayside, I agree to do so solely in the Superior Court for the State of California, County of Placer. I further agree that California substantive law shall apply without regard to the conflict of law rules of California or any other state or nation. I agree that the prevailing party in any such action or an action to enforce this "Participant Release Assumption of Risk and Hold Harmless Argument" shall be entitled to recover its attorney's fees and costs. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

By signing this document, I acknowledge that I may be found by a court of law to have waived my right to maintain a lawsuit against Bayside, **included claims that Bayside has committed negligent acts or omissions.** I have had a sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_

## PARENT OR GUARDIAN'S ADDITIONAL RELEASE AND INDEMNIFICATION

In consideration of \_\_\_\_\_ (insert Minor's name), ("Minor") being permitted by Bayside to participate in Mexicali, I have read and understood the foregoing "Participant Release, Assumption of Risk, and Hold Harmless Agreement" and agree that its terms and provisions govern this Parent or Guardian Additional Release and Indemnification.

In regards to **BOTH** (1) Minor's personal rights and (2) the personal rights of Minor's parents or guardians, I agree to accept and assume all of the risks to Minor arising from or related to Minor's participation in Mexicali, including the risk that Bayside may commit negligent acts or omissions, and **the risk that any injury or illness Minor experiences may be made worse by negligent treatment or rescue efforts by Bayside or other third parties.**

**I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Bayside** from any and all claims, demands, or causes of action, which in any way arise from or are related to Minor's participation in Mexicali, including all claims alleging negligence, **including negligence concerning treatment or rescue efforts, if Minor is injured in any way during the event.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_

# CONSENT TO TREATMENT

I, \_\_\_\_\_, as **(circle one)** the **parent/** the **guardian**, do hereby authorize Bayside Covenant Church, acting as my agent, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment including, but not limited to, over the counter medication and hospital care or service, which is deemed advisable and is rendered under the general or specific supervision of any licensed physician and surgeon, or the medical staff of a licensed 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 rendered, but is given to provide authority and power on the part of Bayside Covenant Church to give specific consent to any all such diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her judgment, may deem advisable.

I hereby authorize any hospital which has provided treatment to me to surrender my physical custody of myself to Bayside Covenant Church upon completed treatment. These authorizations shall remain effective through the above periods unless sooner revoked in writing and delivered to Bayside Covenant Church.

Parent/Guardian Signature	Date	Print Name
Doctor's Name	Phone Number	
<b>Insurance Information: (Check/Circle One)</b>		
<input type="checkbox"/> I have medical and accident insurance with: _____ Policy Number: _____		
<input type="checkbox"/> I have no medical or accident insurance, and I agree to pay any and all medical and/or dental expenses directly or indirectly related to myself and/or to my son's/daughter's in the ministry, including during transportation to and from the event(s).		
Participant Signature: _____		Date: _____
Witness Signature: _____		Date: _____
<b>PERMISSION FOR OVER THE COUNTER MEDICATIONS</b>		

The purpose of this form is to document permission for leaders of the Mexico Outreach 2020 to administer certain over the counter medications that were not covered on the previous permission form. This form does not change what has already been signed regarding prescribed medication, but instead, supplements it.

Note: By law, all over the counter medications must be kept in the original container and will be kept in our First Aid Facility, not in student's possession. The First Aid Team will purchase and stock certain over the counter medications shown below. Do not put any of these over the counter medications in your son's or daughter's luggage! Our First Aid Team will be available to administer these over the counter medications during the Mexico Outreach as you provide permission below.

I, \_\_\_\_\_ (printed first and last name of parent/guardian) give permission to the Mexico Outreach First Aid Team to administer the following over the counter medications to my son/daughter \_\_\_\_\_ (printed first and last name of son/daughter) during the Mexico Outreach trip, as the First Aid Team agrees the use of the medication is reasonable for my son/daughter under the circumstances, and to be administered as determined by the weight and age of my son/daughter and the relative recommended dosage prescribed on the medication.

1. The correct dose of Tylenol (acetaminophen) .....  YES  NO
2. The correct dose of Advil (ibuprofen) or Aleve (naproxen) .....  YES  NO
3. The correct dose of Sudafed (pseudoephedrine HCL) .....  YES  NO
4. The correct dose of Benadryl (diphenhydramine) .....  YES  NO
5. The correct dose of Claritin (loratadine) or Zyrtec (cetirizine) .....  YES  NO
6. The correct dose of Mucinex (guaifenesin) .....  YES  NO
7. The correct dose of Pepcid (famotidine), Zantac (ranitidine) or Tagamet (cimetidine) .....  YES  NO
8. The correct dose of Tums (calcium carbonate) .....  YES  NO
9. The correct dose of Neosporin triple antibiotic ointment (bacitracin, neomycin and polymyxin B) .....  YES  NO
10. The correct dose of Imodium (loperamide) .....  YES  NO
11. The correct dose of Delsym (dextromethorphan) .....  YES  NO
12. The correct dose of Pepto Bismol (bismuth subsalicylate) .....  YES  NO
13. The correct dose of Lamisil (terbinafine), Tinactin (tolnaftate) or Lotrimin (clotrimazole) cream or spray .....  YES  NO
14. The correct dose of Hydrocortisone 1% cream/ointment .....  YES  NO

Parent/ Guardian Signature: _____	Date: _____
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# CONSENT TO TRAVEL TO MEXICO

Parent or Guardian Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

## USA, Canadian or Mexican Nationalities Must:

To enter Mexico: Bring a passport

To return to the USA: Bring a passport, if you have a "Greencard", YOU MUST BRING THE ORIGINAL. (There is a \$170 fine for not having your original Greencard.)

## All of Nationalities Must:

To enter Mexico: Call the nearest Mexican Consulate for permission to travel to Mexico. You can also check the internet or the Los Angeles Consulate General of Mexico: (213) 351-6800 (They answer the phone in Spanish. If you need to, you may ask to speak to someone that speaks English). There are some nationalities that are excluded from entry based upon diplomatic relations, and others that will require a current and valid visa. It is your responsibility to make sure you have the proper documentation for travel outside the USA.

To return to the USA: You must have a current and valid visa for the United States and the Passport for your country of origin OR a US resident card, otherwise none as a Greencard. YOU MUST BRING THE ORIGINALS, copies not accepted.

## Consent to Travel Outside the United States to Mexico:

The above-named Parent or Guardian of the Team Member has entrusted the Team Member into the care of the Agent, an adult, and a duly authorized representative of the Organization, while the Team Member participates in "Mexico Outreach", and activity of the Organization. The Parent or Guardian does hereby authorize the Team Member to travel outside the United States to the nation of Mexico.

**PLEASE SIGN IN PRESENCE OF A NOTARY**

Signature of Parent or Guardian: \_\_\_\_\_

## ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of: California County of: \_\_\_\_\_

On: \_\_\_\_\_ Before me: \_\_\_\_\_ Notary Public

Personally Appeared: \_\_\_\_\_

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/ they executed the same in his/hers/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.

**WITNESS my hand and official seal**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLACE NOTARY SEAL ABOVE