

MEDICAL AND LIABILITY RELEASE FORM FOR VOLUNTEERS
Lake Avenue Community Foundation and Lake Avenue Church
712 E. Villa St; Pasadena, CA 91101
Volunteer Director: 626.817.4507
www.lakeavefoundation.org

Name of Volunteer _____ Birthday _____

Home (_____) _____ Cell (_____) _____

Street Address _____ City/Zip _____

E-Mail Address _____

Medical Insurance Company _____

Group or Policy number _____

Activity Restrictions? ____ Yes ____ No What Restrictions? _____

Any significant conditions or medical history we need to know about? (epilepsy, fainting, etc)

Last Tetanus shot _____ Allergies? _____

In Emergency, notify _____ Relation _____

Cell (_____) _____ Home (_____) _____

Email _____

Liability Release

Every activity sponsored by Lake Avenue Community Foundation (LACF) and/or Lake Avenue Church (LAC) is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the undersigned applicant or parent/guardian agrees to assume and accept all risks and hazards inherent in all LACF and/or LAC-related activities. They also agree not to hold LACF and/or LAC, its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor had been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to a X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. (California Civil Code Section 25.8: Added Stats. 1965, c.1524, p. 3616, s 1.). The undersigned applicant (or parents/guardians) understand that they are signing for both a medical and liability release for themselves or the listed minor. This authorization shall remain effective until terminated in writing and delivered to the Volunteer Director of Lake Avenue Community Foundation.

Release of Lake Avenue Community Foundation and Lake Avenue Church Photos/Video

Lake Avenue Community Foundation and Lake Avenue church has the right to use any photo and/or any film taken of me or my son/daughter in any Lake Avenue publication/ film/website.

I give my consent to the Release of Photos/Video _____
 I do not give consent to the Release of Photos/Videos _____

I have read the release statements and give my consent:

 Volunteer Signature Date

If Volunteer is under 18 years of age, have parent/guardian Sign below:

 Parent/Guardian (Print) Date

 Parent/Guardian Signature Date

Please list any of your children serving with you who are under 12 years of age:

 Name Birthdate

 Name Birthdate