



Senior Pastor, Pastor Richard James

PARENT / GUARDIAN / INDIVIDUAL AUTHORIZATION, AGREEMENT AND RELEASE FROM LIABILITY

I, (name) _____, am aware that during (event) _____, in which I (or my minor child) am/is participating in under the arrangements of Destiny Fellowship, that certain risks and dangers exist or may occur, including, but not limited to (specific risks) _____

and/or becoming ill in remote places without medical facilities available, and being subject to the forces of nature.

In consideration of the right to participate in such event, (including transportation, meals, and other activities and services arranged for me by Destiny Fellowship),

I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE ABOVE AND OTHER RELATED RISKS, WHICH MAY BE ENCOUNTERED ON SAID EVENT, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.

I do hereby agree to hold Destiny Fellowship and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses and damages on account of injury to myself or my minor child's person or property, (even injury or illness resulting in death), which I now have or which may arise in the future in connection with myself or my minor child's trip or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I fully understand and acknowledge that Destiny Fellowship maintains no insurance, be it Worker's Compensation or otherwise, to cover any injuries which might be suffered by myself or my minor child in undertaking the activities set forth above.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Executed at Redding, California on (date) _____

Print Name _____

Print Minor Child's Name _____

Signature _____

Signature Parent or Guardian _____

Please fill out all information requested completely and accurately.

Parent / Guardian _____ Contact Phone _____

Address _____ City _____ Zip _____

Minor Child's Name _____ Age _____

**SECTION 1
DISCIPLINARY AGREEMENT (Minor Child)**

I/WE understand that while the above named minor child participates in any regularly sponsored activities, he/she is responsible to abide by the rules set forth by Destiny Fellowship, its leaders and supervisory personnel. Any serious infraction of rules and/or conduct by the child can result in dismissal from the program. In the event our minor child is dismissed from the program, we, the undersigned, agree to assume the cost of returning the child to his or her home. We also agree to forfeit any possible refund. (We understand that such action would only be taken under extreme circumstances and ONLY after direct consultation with the minor child's Pastor and parent or guardian). I/WE have read and do understand the Disciplinary Agreement and have explained and discussed this agreement with my / our minor child.

Parent / Guardian Signature _____ Date _____

Minor Child's Signature _____ Date _____

**SECTION 2
MEDICAL RELEASE (Minor Child)**

I/WE _____, being the parents or legal guardians of the minor child listed above, do further give permission or consent for the director or properly appointed staff member of Destiny Fellowship to secure administration of medical treatment or medication for the above named child, and I/WE do further agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary for our child.

PLEASE LIST ANY MEDICATIONS OR TREATMENT THAT SHOULD NOT BE GIVEN TO YOUR CHILD BECAUSE OF DANGEROUS OR ALLERGIC REACTION: _____

Parent / Guardian Signature _____

**SECTION 3
HEALTH INSURANCE (Self or Minor Child)**

Name of Insured _____ Policy / ID _____
Insurance Carrier _____ Group # _____
Insurance Carrier Address _____
City / State / Zip _____ Phone _____

Signature represents assignment of benefits: _____