

MISSION VALLEY CHRISTIAN FELLOWSHIP & REAL LIFE RADIO ISRAEL TOUR 2012

PARENTS' RELEASE, WAIVER & CONSENT TO MEDICAL TREATMENT FOR MINOR

We, _____ and _____ ("Parents"), the parents of _____ [child's name], a minor, born _____, consent to our child's participation in the Mission Valley Christian Fellowship ("MVCF") Israel tour, scheduled for **MAY 29 through JUNE 12, 2012.**

In consideration of our child's participation in said tour, and as parents and legal guardians of _____ [child's name], we hereby jointly and severally release, waive, forever discharge and hold harmless MVCF, its pastors, officers and members, the tour guide, tour coordinators, bus drivers and/or land tour company, and each of them, their officers and employees (collectively the "Releasees"), from all liability for any and all loss or damage, and any claim, damages or expenses resulting therefrom, on account of injury or sickness to our child or our child's property, even injury or sickness resulting in _____ [his or her] death, whether caused by the negligence of Releasees or otherwise while our child is participating in the Israel tour.

We further agree to indemnify the Releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of our child in or upon all means of travel to, from and within Israel, presence in the country of Israel and/or any other location visited during the Israel tour, whether caused by the negligence of the Releasees, the negligent, willful or intentional acts of our child or otherwise.

We hereby assume full responsibility for the risk of bodily injury, sickness, death or property damage due to the negligence of Releasees or otherwise while our child is participating in the Israel tour and recreational activities.

We further release all tour personnel, pastoral staff and employees of Releasees from any claim whatsoever on account of first aid, treatment or service rendered to our child during the Israel tour. In the event all reasonable attempts by authorized MVCF personnel to contact _____ [father/guardian] at _____ [phone number] or to contact _____ [mother/other guardian] at _____ [phone number] have been unsuccessful, we give our consent for:

1. The administration of any treatment deemed necessary by the licensed attending physician or dentist; and
2. The transfer of our child to any reasonably accessible hospital.



This authorization does not cover major surgery unless the medical opinions of two additional licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery. The attached page contains information which may be needed by hospitals and practitioners not having access to our child's medical history. We expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of California, United States of America, and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

We hereby acknowledge that we have carefully read the foregoing release and know the contents thereof, and sign this release freely. In witness whereof, we have executed this release at _____ [city, state], on _____, 2012.

Father's Signature

Mother's Signature

MINOR'S MEDICAL INFORMATION

Child's Name: _____

Allergies: _____

Medication being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Other pertinent facts to which physician should be alerted:

