



**Coast Hills Community Church Student Life  
Parent/Legal Guardian Consent and Liability Release**

*Name of Participant*

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I will be attending:

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*(event name)*

with Coast Hills Community Church. In the event of a medical or dental emergency I authorize a representative of Coast Hills Church, pursuant to the provisions of California Family code 6910, to consent to medical or dental care, or both, for me. I understand the billings for services rendered will be sent to me and that I am responsible for the complete payment. I understand that in the event of repeated misconduct, the staff is authorized to send me home at my expense. I am aware that I will be transported to and from the event in a church or rental or private vehicle.

***Liability Release***

I request that the church allow me to participate at:

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*(event name)*

and in consideration thereof agree hereby to release and forever discharge the church, from all actions, causes of actions, injuries, claims, damages, costs, or expenses of any kind growing out of or related to any such activities in which the minor participates. I understand that this is a full and complete release of all injuries and damages which I or the minor may sustain as a result of his or her participation in any activities, regardless of the specific cause thereof. I further acknowledge and agree that I have given my consent for the minor to remain in the custody of the Church's representatives while participating in the Activities. This agreement is binding on the minor's heirs, successors, and personal representatives.

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Signature (Print/Sign) Date

In Case of Emergency please contact:

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(Name and Phone number)