

**MEDICAL AUTHORIZATION AND RELEASE**

(For participants under 18 Years of Age)

Student's Name: \_\_\_\_\_

I, (parent's name): \_\_\_\_\_

The undersigned, of (address): \_\_\_\_\_

City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_

hereby agree as follows:

In the event of any accident, sudden illness, or medical emergency involving \_\_\_\_\_ (name of event participant) in connection with the below named event, I hereby authorize the following employee of The King's College: **Adam Asher** to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, deemed to be necessary by a licensed physician. This authorization is limited to the following dates: \_\_\_\_\_, 20\_\_\_\_, through and including \_\_\_\_\_, 20\_\_\_\_.

The following information is included and may be resorted to if needed by any hospital or licensed medical practitioner not having access to his/her medical history:

Allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Physical impairments: \_\_\_\_\_

Medication being taken: \_\_\_\_\_

Other pertinent facts: \_\_\_\_\_

In consideration of being permitted to participate in The King's College event known as: "Inviso" beginning on (date) \_\_\_\_\_, 20\_\_\_\_, and ending on \_\_\_\_\_, 20\_\_\_\_, (the "Event") I, the undersigned ("Releasor"), hereby release, waive, discharge, covenant not to sue, agree to indemnify and hold harmless, The King's College and Campus Crusade for Christ, Inc. and its officers, directors, agents, affiliates, employees and assigns ("Releasees") from any and all damage, liability, causes of action, or any other form of liability, past, present or future, and whether caused by the negligence of Releasees or otherwise, arising out of or relating to my presence or participation in the aforementioned Campus Crusade for Christ and The King's College event and any activities related thereto, or any actions taken by Releasees pursuant to the above medical authorization with respect to myself.

This Release shall be binding on myself, my heirs, executors and legal representatives.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of participant: \_\_\_\_\_

Printed name of participant: \_\_\_\_\_

Parental signature: \_\_\_\_\_

Emergency Contact name and number: \_\_\_\_\_