I, the undersigned, am aware that during the Calvary Chapel practicum, certain risks and dangers may occur which are out of the control of Calvary Chapel Montebello and/or it's organizers. As part of the payment for the right to participate in this Practicum, I have and do hereby assume all the risks and will hold Calvary Chapel Montebello and it's affiliates, workers, and employees harmless from any liability, actions, suits, legal, or otherwise.

Under no circumstances will Calvary Chapel Montebello and/or it's organizers be held responsible for:

1: Baggage damage, loss, or delay.
2: Delays, personal injury, property damage, or any loss resulting from so-called "Acts of God", act of public enemies, arrest or restraint of any government, seizure under legal process, quarantines, restrictions, riots, civil commotions, strikes, war hazards or terrorists activities, illness, death, accidents or injury.
3: Illness, death, accidents, or injury.
4: Loss of personal property, possessions or monies.
5: Any act of neglect of any person or company whose services are retained by Calvary Chapel Montebello for the benefit of our practicum.
6: Any deviation, delay, or curtailment of any kind which is beyond the control of Calvary Chapel Montebello.
7: Additional expenses, if incurred under any of the above circumstances are the responsibility of the tour participant (yourself).

I hereby also acknowledge the fact that Calvary Chapel Montebello and any of it's workers, and/or employees have the right to terminate my participation in this practicum, at any time, because of health, unwarranted conduct, or any other reason they deem harmful or detrimental to the group as a whole.

PART 1 (Participant)

Name: _____ (LAST) _____ (FIRST) _____ (MIDDLE)

_____ (SIGNATURE) _____ (DATE)

PART 2 (Witness)

Name: _____ (LAST) _____ (FIRST) _____ (MIDDLE)

_____ (SIGNATURE) _____ (DATE)

PART 3 (If participant is under 18 years of age the followin is required)

Name: _____ (LAST) _____ (FIRST) _____ (MIDDLE)

_____ (SIGNATURE OF PARENT/LEGAL GUARDIAN GIVING AUTHORIZATION) _____ (DATE)

CALVARY CHAPEL MONTEBELLO | **MEDICAL INFORMATION FORM**

This medical and emergency information form is for your protection. Please examine and fill out both sides and be sure to include your signatures. No applicant will be allowed to participate in any Calvary Chapel work trip without this form completely filled out, signed and turned in **prior to the date of the event.**

PART 1 (Participant Information)

Name: _____ (LAST) _____ (FIRST) _____ (MIDDLE)

_____ (AGE) _____ / _____ / _____ (BIRTHDATE) _____ (HOME TELEPHONE #) _____ (MOBILE TELEPHONE #)

☐ MALE ☐ FEMALE (GENDER) _____ ' _____ " (HEIGHT) _____ lbs. (WEIGHT) _____ (HAIR COLOR) _____ (EYE COLOR)

Home Address: _____ (STREET ADDRESS) _____ (CITY) _____ (STATE) _____ (ZIP CODE)

PART 2 (Parent/Legal Guardian Information if Participant is under 18 years of age)

Name: _____ (LAST) _____ (FIRST) _____ (MIDDLE INITIAL)

_____ (HOME TELEPHONE #) _____ (MOBILE TELEPHONE #)

PART 3 (Person to notify in case of emergency)

Name: _____ (LAST) _____ (FIRST) _____ (MIDDLE INITIAL)

_____ (RELATION) _____ (HOME TELEPHONE #) _____ (MOBILE TELEPHONE #)

Address: _____ (STREET ADDRESS) _____ (CITY) _____ (STATE) _____ (ZIP CODE)

PART 4 (Insurance Information)

Are you, the participant, covered by any medical insurance? ☐ YES ☐ NO

If yes, please indicate the name of the insurance _____

Address: _____ (STREET ADDRESS) _____ (CITY) _____ (STATE) _____ (ZIP CODE)

_____ (TELEPHONE #) _____ (POLICY #) _____ (PHYSICIAN'S NAME)