

PERMISSION TO PARTICIPATE, RELEASE OF ALL CLAIMS AND AUTHORIZATION FOR MEDICAL TREATMENT

I, _____, and my family members (list names): _____ plan to attend the ALL-CHURCH RETREAT – CORNET BAY E.L.C., sponsored by Calvary Chapel Eastside, 5130 164th Ave. SE, Bellevue, WA 98006 on AUGUST 20-22, 2010. This activity may include the following activities: beach activities, hiking, football, archery, softball. I hereby release and agree to hold harmless, Calvary Chapel Eastside together with its agents and employees from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against Calvary Chapel Eastside for all personal injuries, loss, or damage, known or unknown, which we may incur by participating in the above activity.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with knowledge of its significance.

I have made, constituted and appointed, and by these present do make, constitute and appoint any agent of Calvary Chapel Eastside, their true and lawful attorney-in-fact for them and in their name, place and stead, and for their use and benefit to admit me to any hospital or clinic and to authorize any medical treatment, including surgery, in the event of emergency illness, as Calvary Chapel Eastside may deem appropriate.

Any hospital, clinic or doctor may rely on a telephonic communication reasonably believed to be from an agent of Calvary Chapel Eastside..

I further agree to assume full financial responsibility for any and all charges incurred, specifically including ambulance, doctor, hospital or medication.

The original of the Agreement shall be irrevocable until physically destroyed. Any party relying on this Agreement is hereby released from any liability by reason of relying on this Agreement, or by this Agreement having been revoked without his/her knowledge.

I am authorized to give this Limited Power of Attorney.

I further promise to hold harmless Calvary Chapel Eastside and/or its employees and agents from any and all expense incurred pursuant to this authorization in obtaining medical treatment and/or transfer, including but not limited to: ambulance expense, costs of paramedics, hospital expense, and/or physician charges.

The following information is needed by any hospital or practitioner not having access to my medical history:

Allergies: _____

Medications being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Name of physician and phone number: _____

Restrictions on participation: _____

Other pertinent facts to which physician should be alerted: _____

In witness whereof, I have executed this Permission and Release Authorization this date: _____

SIGNATURE _____

NUMBER AND STREET _____

CITY, STATE, ZIP CODE _____

HOME TELEPHONE _____

WORK TELEPHONE _____

INSURANCE NAME _____ GROUP NO. _____ CERTIFICATE NO. _____

INSURANCE CO. TELEPHONE _____

INSURANCE: In the event of an injury to the attendee, it is the policy of the church that the individual's insurance be primary and Calvary Chapel Eastside medical coverage be secondary.