

Broomballnight

Korean Christian Reformed Church of Orange County

When: Friday, February 26th 2010

Cost: \$15 per person

*You will be charged even if you do not play (Admission Fee)

Time: 7:30PM Worship @ Church

(We will come back to church by 1:30AM or you can have your parents pick you up directly)

Place: KHS Ice Arena

1000 East Cerritos Avenue

Anaheim, CA 92805

p: 714-422-1236 w: www.khsicearena.com

Forms: Permission Slips are Required (Both Sides)

(You can download all forms at: www.kcrcoc.com/em) (Click on the JFC website)

Info: Director Sam Kim

p: 714-392-5975 e: krccoc_vcf@yahoo.com

KHS Ice Arena Liability Waiver

In consideration of the mutual promises and agreements of the parties hereto and other good and valuable consideration, the undersigned individual and for the undersigned's child and then heirs, executors, and administrators, does hereby waive and release any and all claims or rights for damages which he/she or their child may have or will have against KHS Ice Arena, hereafter KHS, instructors, agents, assigns, for any and all injuries or damages suffered by himself, herself, or their child, before, during, or after any activities sponsored or involving KHS or its agents. The undersigned acknowledges that the activities engaged in by the undersigned or the minor child of the undersigned has certain risks involved, and that the undersigned assumes all known or unknown risks involved in the activity. Notwithstanding these, assumes risks, the undersigned agrees to permit the minor child of the undersigned to engage in said activities at their sole risk, undertaking and expense. KHS and its agents and assigns shall not in any event be liable for any resulting injuries or damages. The undersigned agrees to fully indemnify and hold KHS as its agents harmless from any and all claims, which may be asserted by the undersigned or on behalf of the minor child. The undersigned further agrees to reimburse KHS for any and all costs of litigation and attorney fees in the event a claim is asserted against KHS or one of its agents. As a further condition of my Participation in Ice Activities, I grant KHS ice arena and their employees, agents, etc. perpetual and nonrevocable permission to use my name in which my image and likeness appears in connection with my Participation in Ice Activities and further grant permission to display, publish and distribute, use, print and reprint such images and likeness, and the right to employ such images or likeness in advertising and promotions relating to KHS Ice Arena or any activities at or related to KHS Ice Arena.

Name of Minor / Your Name (Please Print)

/ / 2010

Signature of Legal Guardian / Yourself (Please Print)



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Medical & Liability Release Form (Minor)

Medical Release

In the event of medical treatment needed, I, the legal guardian acknowledge that I will be responsible for any and all medical costs including but not limited to medical bills denied by my health insurance and/or balances that exceed insurance coverage. This includes, but is not limited to, the cost of ambulance transport, emergency medical services, X-rays, dental services, pharmaceuticals, surgery, hospitalization and likewise. I claim full responsibility for all medical costs incurred throughout the duration of this event or due to necessary care arising from this event or thereafter.

In the event of a medical emergency as deemed by health care professionals and/or directors of this event, I hereby give permission to the hospital, physician, nurse, EMT, dentist and/or healthcare professional to provide appropriate medical treatment for my child mentioned below. This includes, but is not limited to, administration of injections, anesthesia, X-Rays, diagnostic procedures, anesthetic treatment, blood transfusions and emergency surgery as deemed necessary for my child's condition. I hereby voluntarily authorize the partners, pastors, leaders, staff members, directors, teachers, administrative personal, medical personal and volunteers of this event to consent to such treatments. I understand a reasonable attempt will be made to contact the legal guardian mentioned below prior to such treatment. However, if no such contact is made, I give full permission for necessary treatment.

I hereby voluntarily authorize the medical staff of this event to administer first aid and non-prescription drugs to the mentioned minor below at their discretion. In the event of a medical emergency, I also authorize the medical staff to provide life saving treatment such as, but not limited to, life-saving procedures, intravenous fluids, cardiopulmonary resuscitation, external defibrillation and the administration of emergency drugs and likewise.

I hereby do grant permission for the minor mentioned below to be transported in any vehicle designated by the pastors, leaders, staff members, directors, teachers, administrative personal or medical staff of this event in the event of necessary transport.

I forever discharge and agree to hold harmless the partners, pastors, leaders, staff members, directors, teachers, administrative personal, medical personal and volunteers of this event from any claims or demands for medical costs, personal injury including death and expenses occurred of any nature from this event.

Liability Release

I understand there are inherent risks involved in this event. I give full permission for my son or daughter mentioned below to participate in this event organized by the pastors, leaders, staff members, directors, teachers, administrative and medical personnel of the Korean Christian Reformed Church of Orange County. In addition to, I voluntarily release the Korean Christian Reformed Church of Orange County and its partners, pastors, leaders, staff members, directors, teachers, administrative and medical personal, volunteers, students and any participant from any and all liability resulting from injury, loss, damage to personal property and emotional suffering that may occur during the course of this event, whether by cause of any negligence or by accident. I also agree to hold such persons free and harmless of any claims, demands or suits for damages arising from this event.

By signing below, you acknowledge that you understand both the medical release and liability release forms and unconditionally agree to it. This is a binding legal contract and only by expressed written notice and acceptance on our part prior to departure will nullify any and/or all of the stipulations set above.

Name of Minor (Please Print)

Name of Legal Guardian (Please Print)

Signature of Legal Guardian

____ / ____ / 2010
Today's Date