



Medical Release

In the event of medical treatment needed, I 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 myself. 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 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 hereby voluntarily authorize the medical staff of this event to administer first aid and non-prescription drugs. 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 grant permission for myself 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, counselors 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 voluntarily release the Korean Christian Reformed Church of Orange County, the Bridge Church and its partners, pastors, leaders, staff members, directors, teachers, volunteers, counselors, 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.

Your Name (Please Print)

Your Signature

____ / ____ / 2010
Today's Date