

Bayside Ninja Course
Ninja Coalition at Bayside Church

MEDICAL RELEASE: (In case emergency medical treatment is necessary) I, the undersigned, do hereby authorize and consent to any X-ray examination, medical or surgical diagnosis, treatment and emergency hospital care which is deemed advisable, for myself and/or my son/daughter by and is to be rendered under the general or specific supervision of any member of Medical Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health Services. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care, which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. The undersigned also assumes the primary responsibility for any costs connected with such treatment. This release form is completed and signed of my own free will with purpose of agreeing to participate in the Ninja Coalition Obstacle Course at Bayside Covenant Church, authorizing medical treatment under any emergency circumstances.

Have you read, understood and agreed with this release? ___ yes ___ Initial (of adult participant/parent)

MODEL RELEASE: For promotional purposes, videos and photographs are taken at Bayside Covenant Church events. Your participation constitutes permission for Bayside Covenant Church to use your picture in promotional materials.

LIABILITY RELEASE: I understand that the Bayside Ninja Course is conducted by Ninja Coalition at Bayside Covenant Church and can involve its employees, volunteers, participants and others acting on Bayside Church's behalf, all of whom are referred to together as "Bayside" in this liability release. In consideration for the services provided through the Ninja Coalition at Bayside Covenant Church, I hereby agree to release and discharge all of the parties referred to as "Bayside" in this release as follows: I voluntarily choose to participate and/or I voluntarily authorize my son/daughter to participate regardless of the risks in participating in the Bayside Ninja Course. I understand and acknowledge that this event includes activities with a risk of injury or death. I expressly agree to accept and assume all risks arising from, or relating to, participation in the Bayside Ninja Course including the risk of acts or omissions by Bayside Covenant Church constituting ordinary negligence. I assume these risks both on my own behalf as a participant and/or as a parent. I acknowledge that this agreement extends to my own and my child's rights as well. This release form is completed and signed of my own free will for the purpose of agreeing to participate in the Bayside Ninja Course. I have had a sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms. I understand that I am expected to abide by the rules in the conduct of this activity.

Have you read, understood and agreed with this release? ___ yes ___ Initial (of adult participant/parent)

X _____
Adult Participant or Parent Signature **Date signed** **Date of Birth of Participant (if under 18Yrs)**

X _____
Full Name of Adult Participant or Parent- Please Print **Adult Phone Number**

X _____
Full Name of YOUTH Participant - Please Print