



**CONSENT TO TREATMENT AND RELEASE**



Herein "Participant" \_\_\_\_\_ Herein "Organization": First Church of the Nazarene of Pasadena Herein Agent: First Church of the Nazarene of Pasadena, and staff

The above-named Participant has entrusted the Agent, an adult, and a duly authorized representative of the Organization, while participating in the Love Walk and Roll. I hereby authorize the consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the California Medical Practice Act or of the laws of the State or Country in which the medical care is being sought, and on the medical staff of any hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to myself by any dentist licensed under the California Dental Practice Act or the laws of the State or Country in which the dental care is being sought. It is understood that this authorization is given in advance of any X-ray examination, anesthetic medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the Agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable.

This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California, and similar provisions of the laws of the State or Country in which the medical or dental care is being sought. I hereby authorizes any hospital, which has provided treatment to myself to surrender physical custody of me to the Agent upon the completion of treatment. This authorization is given pursuant to Section t283 of the Health and Safety Code of California, and similar provisions of the laws of the State or Country in which the medical or dental care is being provided. I hereby agree to fully pay all costs of medical or dental care incurred for myself by the Agent and the Organization, under this authorization.

Furthermore, I voluntarily release, discharge, waive and relinquish all claims that I may have against Agent or Organization, its officers, employees, and volunteers for any and all claims, actions, or causes of action for personal injury, property damage or death occurring to myself.

This authorizations is effective for **October 7, 2017**

No oral representations, statements, or inducements have been made by or between the parties to this Agreement with respect to the subject matter of this Agreement apart from the matters set forth within this Agreement.

**I HAVE CAREFULLY READ THIS CONSENT TO TREATMENT AND RELEASE OF LIABILITY AGREEMENT BETWEEN MYSELF AND ORGANIZATION, AND SIGN IT OF MY OWN FREE WILL.**

Participant's Name: \_\_\_\_\_

**MULTI-MEDIA/PHOTOGRAPHIC RELEASE**

I hereby authorizes said Agent to use photos of myself on forms, brochures, and internet for promotional purposes of future events. Photos shall remain the exclusive property of First Church of the Nazarene of Pasadena and shall be used without notice or compensation.

Participant's Signature \_\_\_\_\_

Signature of parent/guardian if participant is under 18: \_\_\_\_\_ Date: \_\_\_\_\_