MINOR - UNDER 18 YEARS OLD

AUTHORIZATION FORM

(FORM D)

GENERAL INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DAY PHONE: _____ **EVE. PHONE:** _____

EMERGENCY PHONE: _____

CHURCH/GROUP NAME: _____

DATES OF TRIP: _____

MEDICAL INFORMATION:

Name of medical provider: _____
(Please provide a copy of medical insurance card, both front and back).

Is your child allergic to any medication? Y / N Please describe: _____

Is your child taking any medication? Y / N Please describe: _____

Date of last tetanus inoculation: _____

Has basic childhood series of three tetanus shots been given? Y /N _____

What is your child's blood type? _____

WAIVER AND RELEASE OF LIABILITY:

In consideration of VidaNet, organizing, arranging and permitting me to attend and participate in the event, I hereby waive all rights which I may now have or which may accrue in the future against VidaNet its respective chapters, directors, officers, employees, and members (collectively the "VidaNet Representatives"). I hereby release and discharge VidaNet and the VidaNet representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter will have resulting from or arising in connection with my travel to, attendance at or participation in VidaNet events.

I acknowledge that certain legal rights against VidaNet or the VidaNet representatives may be available to me now or in the future as a result of any losses and claims, and that by executing this waiver and release of liability, my spouse, family members, children, invitees, heirs, executors, administrators and I are forever relinquishing those rights against VidaNet and VidaNet Representatives. I acknowledge that no promises, representations or affirmations of fact were made to me by VidaNet or VidaNet Representatives concerning the safety of the event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participating in any activity, teaching, event or outing related to, associated with or connected in any way to the event and affirm that I have read and understand the forgoing provisions of this waiver and release of liability. I accept the terms of this waiver and release of liability as a condition to my attendance at the event.

AUTHORIZATION AND CONSENT FOR TREATMENT:

MUST BE NOTARIZED

I give permission for my son / daughter to attend the above VM function. I have read the above waiver and release of liability and agree to its provisions. In addition, I give permission for my son/daughter to receive any medical treatment deemed necessary by a Medical Physician.

SIGNATURE: _____ **DATE:** _____

NAME OF MINOR: _____

RELATIONSHIP TO MINOR: _____