

# Crescendo Medical, Liability & Photo Release Form

Name \_\_\_\_\_ Age (on Aug 9) \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Parent/Guardian \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Additional Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Name of Doctor \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

List any physical limitations, developmental or learning disabilities and/or medical problems/allergies:

\_\_\_\_\_

Date of last Tetanus booster: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

I/We, the undersigned parents(s) / guardians(s) of \_\_\_\_\_, a minor, do hereby authorize bona fide officials of the Camarillo United Methodist Church, as agents of the undersigned, to consent to any x-ray examinations, anesthetic, medical or surgical treatment and hospital care deemed advisable by and to be rendered under the general or special supervision of any member of the medical staff or emergency room staff licensed under the provisions of the medical Practice Act and on the staff of any acute hospital holding current license to operate a hospital from the State of California Department of Public Health.

It is understood that this authorization is given in advance of any 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 or her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient (except in the case of a life-threatening emergency), but that any of the above treatment will not be withheld if the undersigned cannot be reached. The Crescendo program of the Camarillo United Methodist Church will not be responsible or held liable for the cost of such care.

This medical authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is to be in effect from **August 9 – 13, 2021**, while the student listed is participating in the **Crescendo Summer Music Camp**.

Also, by signing this release, I agree to indemnify and hold harmless the Camarillo United Methodist Church (CUMC), the Crescendo Summer Music Camp, and/or staff/volunteers of both in case of any illness, injury, liability, expense or loss as a result of my child (listed above) participating in the Crescendo Summer Music Camp at CUMC.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

## Photo Release

I agree that the above-named participant may be photographed or videotaped during the Crescendo Summer Music Camp and that this photo/video may be used – without the participant’s name included – by CUMC in publicity, i.e. brochures, church and Crescendo website and Facebook postings. I acknowledge that no further notice is needed by the church prior to the release of the photo/video.

Please select ONE photo release response:

\_\_\_\_\_ Yes, I approve

\_\_\_\_\_ No, I do not approve. *(Please discuss with Kristi VanKeersbilck.)*

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Signature of Parent / Guardian

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Date

**Please return both pages to the Church Office or directly to Kristi VanKeersbilck.**