LADIES TRIP TO PARIS, FRANCE (OCT. 7-13, 2018)
EXTENDED WAIVER/ PARTICIPATION FORM

I_____(print name), will be participating in the above activity organized by Vine-Life Christian Fellowship ("Activity").

Liability Release and Indemnification: I understand that there are certain risks, known and unknown, including property damage, bodily injury and death, which could result from my participation in the Activity. To the fullest extent permitted by law, I release Vine-Life Christian Fellowship, and its affiliates, subsidiaries, divisions, members, directors, officers, employees, agents, and team leaders (collectively "Releasees") from all claims and causes of action, for any injury or harm of any kind which may arise from or out of my participation in the Activity, however such injury or harm is caused, even if it is caused in whole or in part by action, inaction, or negligence of Releasees.

Authorization for Consent to Medical Treatment: I give my informed consent to any First Aid personnel assigned by Vine-Life Christian Fellowship, to provide basic First Aid and comfort measures to my child through standardized treatment procedures which includes the use of over-the-counter medications. I authorize Vine-Life Christian Fellowship to provide me with the following generic, over-the- counter medications as directed by the labels provided by the manufacturer: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of_____.

I authorize Vine-Life Christian Fellowship to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby authorize and consent to receive any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental 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 Public Health. I understand 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 to which the aforementioned medical and dental professionals in the exercise of their best judgment may deem advisable.

Video/Photo Release: During Church Events, photographs may be taken and videos may be produced and used for future publicity. I give permission for my images to be captured during Church Events, including but not limited to images captured by video, photo, and digital camera to be used for the purposes of Vine-Life Christian Fellowship, including in promotional materials and publications and I waive any rights of compensation or ownership thereto.

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In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

(Date)	(Print Name)	(Signature)

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Vine-Life Christian Fellowship

Participant Information Form

***** VCF Participation Form and VCF Waiver/Medical Information Must be completed and submitted on or by April 8, 2018**

PLEASE PRINT:

Legal Name:		
Name as it appears on passport if different than above:		
Date of Birth /Age:		
Nickname (s)		
Address:	City:	Zip:
Home Phone:		
Cell Phone:	Email Address:	
In Case of Emergency Contact (s) : Relation to you	Phone Number	

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Vine-Life Christian Fellowship

Waiver, Medical & Participant Information

Event: VCF Trip to Paris, France
Locations: Vine-Life Christian Fellowship, LAX & Paris, France
Dates: Sun., October 7, 2018 – Sat., October 3, 2018

Participant's Name: _____

I hereby waive any and all claims against Vine-Life Christian Fellowship, its agents and employees for any accident, injury, illness or death occurring by reason of my participation in this event.

I agree that any x-ray examination, anesthetic, medical or surgical diagnosis and/or treatment, and hospital care may be rendered to me under the general or special supervision and on the advice of a duly licensed physician or surgeon; or duly licensed dentist. When, on any occasion, such transportation or medical attention becomes necessary, it is hereby authorized within the above provisions and limitations. Further, I agree to hold harmless and to indemnify Vine-Life Christian Fellowship, its agents and employees in causing the aforementioned medical or dental treatment to be rendered to me. I agree to assume the financial responsibility for such care, as the doctor may consider necessary.

Name of Physician _____ Phone _____

Name of Health Insurance Co._____

Insurance Policy No._____ Medical Record No. _____

MEDICAL HISTORY (Answer yes or no to each question)

1. Are you currently under a doctor's care? _____
2. Are you currently taking any medication or using any medically prescribed apparatus or equipment? (E.g. cane, wheelchair, etc.) _____
3. Have you been diagnosed with any medical conditions? (E.g. asthma, diabetes, blood pressure, etc.) _____
4. Do you currently have any medical problems or injuries? _____
5. Do you have any allergies? (Medicines, food, etc.) _____
6. Do you have any special needs? _____

Explain all "Yes" answers by question number and state specific facts for each item and include any special instructions

_____

_____

I acknowledge that to the best of my knowledge the above information is true.
The telephone number for contacting Vine-Life Christian Fellowship during events is (951) 789-8514.
I accept the conditions described on this form and give consent to my participation.

Date: _____ _____
Signature

_____
Print Name

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