

MEDICAL RELEASE AND PERMISSION FORM

*Goleta Presbyterian Church Youth Ministry Programs/L.O.G. Retreat
6067 Shirrell Way, Goleta, CA 93117 (805) 967-2131*

I, the undersigned, hereby give my permission for my child _____ to participate in all youth group activities in conjunction with the youth ministry at Goleta Presbyterian Church and/or the L.O.G. Retreat Program **for the program year beginning September 1, 2025–September 30, 2026** and I HEREBY WAIVE ALL CLAIMS WHICH I/WE MIGHT HAVE AGAINST GOLETA PRESBYTERIAN CHURCH, their officers, agents (including those from other churches), and employees for injury, accident, illness, or death occurring during or by reason of the activity, and I/we further agree to indemnify and save free and harmless Goleta Presbyterian Church, their officers, agents (including those from other churches), and employees against claims, liabilities, penalties, or loss resulting from or as consequence of said activities. I understand that every effort will be made to protect and safeguard all participants.

In the event of an emergency when parents cannot be contacted, I hereby authorize the Youth Group or L.O.G. Leaders to secure the services of a physician and/or dentist who may hospitalize, secure proper treatment for, use ambulance, and order injection, anesthesia, or surgery for the above named minor. It is understood that this authorization is given in advance of any emergency situation, but is given to provide the authority and power to the Youth Group or L.O.G. Leaders to give specific consent to any and all such diagnosis, treatment or hospital care that may become necessary. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

**PLEASE NOTE: THE FAMILY PERSONAL INSURANCE POLICY IS TO BE
THE PRIMARY SOURCE OF COVERAGE FOR ACCIDENTS AND INJURIES.**

Name of Parent(s)/Guardian(s) _____

Parent E-mail Address(es) _____

Parent Cell Phone #(s) _____

Home Address _____

Name of Emergency Contact _____ Phone # _____

Insurance company _____ ID/Policy # _____ Group # _____

Child's physician _____ Phone # _____

→Allergies/medical info we should know:

*A COVID-19 and flu vaccine is encouraged but not required for all who attend a L.O.G. Retreat. Please write vaccination dates here if applicable: _____

"I understand that those who attend G.P.C./L.O.G. events may be at higher risk of exposure to contracting COVID-19. I hereby forever release, waive, discharge, and covenant not to sue G.P.C./L.O.G. members and employees as well as any ministry partners on whose property we hold our events from any and all liability, claims, demands, actions, and causes of action whatsoever directly or indirectly arising out of or related to any loss, damage, or injury, including death, related to COVID-19 that may arise in connection with my child's attendance at any G.P.C./L.O.G. event, whether caused by the negligence action or inaction of any ministry partners or any third-party in attendance at the G.P.C./L.O.G. event."

****Health screening & COVID-19 rapid test may be administered prior to each G.P.G./L.O.G. event. If your child or anyone in your household has cold/flu symptoms, your child may not be permitted to participate in the retreat or youth activity.**

Signature of Parent/Guardian _____ Date _____

*Please return this form to Goleta Presbyterian Church/L.O.G as soon as possible. It will be kept on file and will apply to any and all activities in which your child participates.