



PENINSULA BIBLE CHURCH CUPERTINO

Name \_\_\_\_\_ Parents' Names \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Telephone# \_\_\_\_\_ Minor's Age \_\_\_\_\_ Date \_\_\_\_\_

Parent Permission-Liability Release-
Permission to Issue Medical Care

I permit my child, \_\_\_\_\_, to participate in the broom
hockey event with Peninsula Bible Church. I understand and fully accept that accidents and injuries are possible. I hereby release
and hold harmless Peninsula Bible Church, its officers and employees, and designated volunteer group leaders and chaperones,
from all liability and from all actions or claims that I or my child now or hereafter have for any damage or injury to my child, or
to any person or property, resulting from the negligence or other actions of any employees or agents in connection with my child's
participation in this broom hockey event. In case of medical emergency, I hereby give permission to the group chaperone to order
treatment, including needed tests or X-rays for my child. Of course, I understand that an attempt will be made to reach me by
telephone when the diagnosis is completed.

Known Allergies to Med: \_\_\_\_\_
Date of last Tetanus Shot: \_\_\_\_\_
Existing Med Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_
Name of Primary Physician: \_\_\_\_\_
Any other Health Problems/Limitations we should know: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

ICE CENTER RELEASE FORM

I, the undersigned parent or legal guardian, acknowledge the inherent risk involved in ice skating, and all sports relating
thereto. Accordingly, in consideration of myself, or my child being allowed to participate in any skating activities and/or other
activities at the Ice Center; I agree to the following:

- 1.) I acknowledge and fully understand that I (or my child) will be engaging in activities that involve risk of serious injury
which might result not only from my (or my child's) actions, but also from the action, inaction, or negligence of others;
and further that there may be risks not known to me or not reasonably foreseeable.
2.) On behalf of myself (or my child), I agree to assume all the foregoing risks and accept personal responsibility for my
own damages following such injury.
3.) On behalf of myself (or my child), I release, discharge, waive, and covenant not to sue Ice Center Enterprises LLC,
and all their respective agents, affiliates, associates, officers, directors, owners, and employees (collectively
"releasees") from demands, losses or damages on account of any injury, death or damage to property, caused or alleged
to be caused in whole or in part by releasees or any other party's actions, inaction, or otherwise; and agree to indemnify
releasees from any and all third party claims caused in whole or in part by my (or my child's) actions.

I have read the above Waiver and Release, and understand that by signing below I have given up substantial rights on behalf of
myself or my child.

Name of Minor (Printed) \_\_\_\_\_
Signature of Participant's (Parent or Legal Guardian) \_\_\_\_\_
Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_