

AUTHORIZATION FOR MEDICAL TREATMENT

I, _____, am the parent or legal guardian of _____,
Print Name of parent or guardian Print name of minor
hereinafter, "my child", who was born on _____, _____. My child is attending and participating in activities at or with New Beginnings Church (hereinafter, "camp," "church," "trip," "retreat," etc.), located at 14325 Crescent Landing Drive in the city of Houston, county of Harris, and state of Texas, beginning on the _____ day of _____, 20____.

I hereby authorize Kalum Wade Tuggle and his officers, sponsors, servants, or employees who are 18 years of age or older, who supervise the activities that my child is involved with at New Beginnings Church into whose care my child has been entrusted, to consent to medical care, or dental care, or both, or sign a third party release to participate in an activity, for my child.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and up the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize that Kalum Tuggle and his sponsors, agents, servants, or employees who are 18 years of age or older, who supervise the activities at New Beginnings Church to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to Kalum Tuggle and his sponsors, agents, servants, or employees who are 18 years of age or older who supervise the activities at New Beginnings Church.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, up advice of such physician, dentist, and surgeon.

Dated _____, _____

Signature of parent or legal guardian

RELEASE OF LIABILITY

I (or my child), in consideration of my (his/her) participation in the events organized and/or facilitated by New Beginnings Church, hereby release New Beginnings Church, its officers, employees and agents, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. I (or my child) am (is) aware of the risks of participation. I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that New Beginnings Church does not provide medical coverage for me. I verify that I will be responsible for any medical costs I (or my child) incur(s) as a result of my (his/her) participation.

I agree to defend, indemnify, and hold harmless New Beginnings Church, its officers, employees and agents, and any other people officially connected with this event, including persons whose property the activities may be conducted on, for any injury or death caused by or resulting from my or my child's participation in the activities, scheduled and unscheduled, whether or not such injury or death was caused by my, or their, negligence or from any other cause.

Participant Signature

Parent or guardian's signature if under 18

Dated _____, _____