

NEW BEGINNINGS CHURCH
AUTHORIZATION FOR MEDICAL TREATMENT

I, _____, am the parent or legal guardian of _____, hereinafter, "my child", who was born on _____, _____. This authorization will be in effect for all activities that my child is attending or participating in or with New Beginnings Church ("NBC"), including, without limitation, any class, meeting, Bible study, camp, trip, or retreat ("activities"), wherever located, and will remain in effect until my child reaches the age of 18 or written notice is received to state otherwise at the address of NBC, 1020 Bay Area Blvd. Ste. 224, Houston, Texas 77058.

I hereby authorize the designated adult supervisor of the activities that my child is involved with or at NBC or its officers, sponsors, or employees to whose care my child has been entrusted, to consent to medical care and/or dental care.

The authority granted by this authorization includes, without limitation, 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 or on the advice of or to be rendered by a physician or 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 agree to assume financial responsibility for all expenses of such medical or dental care.

I further authorize that the designated adult supervisor or his/her sponsors, agents, or employees who are 18 years of age or older, who supervise the NBC activities 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 the designated adult supervisor or his/her sponsors, agents, or employees who are 18 years of age or older who supervise the NBC activities.

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 designated adult supervisor or his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, on advice of such licensed medical or dental, personnel.

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Date

Cell

Alternate Cell

NEW BEGINNINGS CHURCH
RELEASE OF LIABILITY

I (or my child), on behalf of myself (or him/her) and my (his/her) heirs, executors and assigns, in consideration of my (his/her) participation in the events organized and/or facilitated by New Beginnings Church, hereby release and discharge New Beginnings Church, its officers, employees and agents, and any other people officially connected with this event from, and waive any and all claims or causes of action for, any and all liability for personal injury or sickness, property damage or wrongful death, legal entanglements, imprisonment or loss of money, wherever or however the same may occur, arising from or relating to my (his/her) participation in 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 choose to (or allow him/her to) participate. I understand that New Beginnings Church does not provide medical coverage for me (or him/her). 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 without limitation persons whose property the activities may be conducted on, for any personal injury, sickness, death or property damage arising from or relating to my or my child's participation in the activities, scheduled or unscheduled, caused by negligence or any other cause, including any negligence of New Beginnings Church, its officers, employees and agents, and any other people officially connected with this event.

This authorization will remain in effect until written notice is received to state otherwise at the address of NBC, 1020 Bay Area Blvd., Ste 224, Houston, Texas 77058. I have read this document and understand that it is a release of all claims. I voluntarily sign my name below evidencing my acceptance of the above provisions.

Signature of Participant

Printed Name of Participant

Signature of Parent or Legal Guardian if under 18

Printed Names of parent or Legal Guardian

Date