

## Chicago Bultasa Buddhist Temple Liability/Consent Form

In consideration for being accepted by Chicago Bultasa Buddhist Temple for participation in Chicago Bultasa Buddhist Temple sponsored activities we (I), being 21 years of age or older, do for ourselves(myself) (and for and on behalf on my child-participant if said child is not 21 years of age or older) so hereby release, forever discharge and agree to hold harmless Chicago Bultasa Buddhist Temple and the elders thereof from any and all liability, claims or demands for personal injury, sickness or death as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we, (I) [and on behalf of our (my) child-participant if under the age of 21 years old] hereby assume all risk or personal injury, sickness, death, damage and expense as a result of participation in recreation, food, and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said temple, its elders, employees and agents, for any liability sustained by said temple as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental service rendered to the aforementioned child pursuant to the authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in Chicago Bultasa Buddhist Temple sponsored activities.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

EMAIL: \_\_\_\_\_

Emergency Contact and Number \_\_\_\_\_

Physician \_\_\_\_\_ Physician's Number \_\_\_\_\_

**Participant Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Father/Mother/Legal Guardian Signature** \_\_\_\_\_ (circle the one that applies)