

# CONSENT AND RELEASE

GOLDEN STATE BAPTIST COLLEGE

**Mail to Admissions Office  
Golden State Baptist College, 3520 De La Cruz Blvd., Santa Clara, CA 95054**

*This section is to be filled out and signed by your parent or legal guardian if you are younger than 21 years of age and are single.*

I \_\_\_\_\_, of \_\_\_\_\_  
**Parent or legal guardian** **Address**

do appoint the staff at Golden State Baptist College and North Valley Baptist Church in Santa Clara, California, to make emergency medical decisions for my child, \_\_\_\_\_, if this afore stated student and/or myself is unable to be contacted  
**Child's name**

and/or make a decision in a timely manner. This permission would include arranging medical services for my child and admission to the hospital. If my child has medical conditions, which may require a physician, an ambulance may be called in the event of such an emergency.

I understand and hereby agree to assume all financial obligations which are incurred in connection with such emergency medical decisions. I do hereby agree to hold North Valley Baptist Church, Golden State Baptist College, and their agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages, even injury resulting in death, which I now have or which may arise in the future in connection with such emergency medical decisions.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the state of California, and that if my portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_