



## Bread of Life Christian Children's Center

2780 Lomita Blvd Torrance, CA 90505 | 310-602-0185 ext. 230 | Facility No. 19749538

### 2026-2027 ASC Liability Release Form

I, \_\_\_\_\_, (print name) am the Parent/Authorized Representative of (child's name) \_\_\_\_\_, who is under 18 years of age. I have been informed and understand that my child will be transported from his/her school to "Bread of Life Christian Children Center – BOLCCC facility" in order to participate in the Before/After School Program there.

In return for the transportation service provided to my child by BOLCCC of Bread of Life Church in Torrance, I agree that my child, I, our assignees, heirs, and legal representatives will not make any claim against and do hereby fully release BOLCCC of Bread of Life Church in Torrance, its affiliated organization, employees and members, and any counselor, coordinator, or any person directing or participating in the BOLCCC program, from any and all claims for injury or damage that my child may sustain while being transported from his/her school to BOLCCC of Bread of Life Church in Torrance.

I understand that this release applies to all claims that my child and I may have as a result of an injury my child sustains regardless of whether the injury is known or unknown, foreseen or unforeseen, or patent or latent.

I also understand and agree that BOLCCC Bread of Life Church in Torrance only carries liability co-insurance and that, if my child is injured while being transported from his/her school to BOLCCC Bread of Life Church in Torrance, and if such injury requires medical treatment, payment for such treatment will first be sought from my child's own medical insurance. If my child has no medical insurance or if his/her medical insurance does not cover all necessary medical costs, then, the coverage for such cost may be sought from Bread of Life Church in Torrance insurance.

Medical Authorization: In the event that I cannot be reached in any emergency, I give BOLCCC Bread of Life Church in Torrance personnel permission to obtain medical services for my child and I give permission to the medical services provider selected by BOLCCC Bread of Life Church in Torrance personnel to treat my child in the event my child is injured.

I have carefully read the information printed above and understand its meaning and content.

Print name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Emergency Telephone Numbers: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

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