



Medical Consent/Release/Liability Waiver Form 2016-2017

Child's Name: _____ D.O.B. _____

Address: _____

Phone: _____

School: _____ Grade in School: _____

Parent's Names: _____

Email: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Other Emergency Phone Numbers: _____

Healthy Insurance Company: _____ Policy Number: _____

Below, please list any and all **allergies, medical concerns, physical limitations, disabilities or medications** your child may have or have to take:

To Whom It May Concern:

I/We, the undersigned, hereby give permission for my/our child to attend and participate in any and all activities sponsored by Church of the Palms and/or the Church of the Palms Youth Group from now until December 31, 2015. I understand that youth activities, such as sports, field trips and other activities, carry with them a certain degree of risk that may include, but are not limited to, the following: changes in blood pressure, fainting, irregular heartbeats, heart attacks, strokes, heat strokes, dehydration, sprained joints, stress fractures, spraining or tearing of ligaments, spraining or tearing of a meniscus, and other orthopedic injuries. I/We hereby attest that my/our child has no physical limitation or disability that would preclude him/her from safely participating in any and all activities sponsored by Church of the Palms and/or the Church of the Palms Youth Group except for such physical limitations or disabilities specifically listed above. I/We further agree that I/We will immediately withdraw my/our child from any and all activities sponsored by Church of the Palms and/or the Church of the Palms Youth Group in the event that my/our child subsequently develops or experiences any such physical limitation or disability. I/We give permission for the use of photography of my/our child on the church website and in church publicity. I/We authorize an adult, in whose care the child 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 child under the general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I/We shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my/our child to return home due to medical reasons or otherwise, I/We shall assume all transportation costs. I/We also hereby give permission for my/our child to ride in any vehicle designated by the adult in whose care the child has been entrusted while attending and participating in activities sponsored by Church of the Palms and/or the Church of the Palms Youth Group

Initials	I/WE HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE resulting from or arising out of: i) my/our child's presence on any premises owned, either in whole or in part, by the Church of the Palms; ii) my/our child's use of any facilities or equipment therein; or iii) my/our child's participation in any program/activity sponsored by Church of the Palms and/or the Church of the Palms Youth Group or otherwise affiliated with the Church of the Palms, without respect to location.
	I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE THE CHURCH OF THE PALMS, its members,

Initials	directors, officers, employees, fitness instructors, and agents from any and all liability to my/our child, my/our child's personal representatives, assigns, heirs, parents, guardians, next of friends, next of kin, and myself/ourselves for any loss or damage, and any claim or demands therefore on account of any personal injury, death, or damage to property, resulting from or arising out of: i) my/our child's presence on any premises owned, either in whole or in part, by the Church of the Palms; ii) my/our child's use of any facilities or equipment therein; or iii) my/our child's participation in any program/activity sponsored by Church of the Palms and/or the Church of the Palms Youth Group or otherwise affiliated with the Church of the Palms, without respect to location.
Initials	I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE THE CHURCH OF THE PALMS, its members, directors, officers, employees, fitness instructors, and agents (hereinafter referred to as the "Releases") from any and all liability to my/our child, my/our child's personal representatives, assigns, heirs, parents, guardians, next of friends, next of kin, and myself/ourselves for any loss or damage, and any claim or demands therefore on account of any personal injury, death, or damage to property, resulting from or arising out of the Releases own act(s), omission(s), or negligence including, but not limited to, any loss or damage resulting from the failure to supervise, observe, and/or monitor the programs/activities sponsored by Church of the Palms and/or the Church of the Palms Youth Group or otherwise affiliated with the Church of the Palms, without respect to location,
Initials	I/WE HEREBY AGREE TO INDEMNIFY, DEFEND, SAVE, AND HOLD HARMLESS the Releases' from any loss, liability, damage or cost the Releases' may incur due to: i) my/our child's presence on any premises owned, either in whole or in part, by the Church of the Palms; ii) my/our child's use of any facilities or equipment therein; or iii) my/our child's participation in any program/activity sponsored by Church of the Palms and/or the Church of the Palms Youth Group or otherwise affiliated with the Church of the Palms, without respect to location.

I/We have read this Medical Consent/Release/Liability Waiver Form in its entirety. I/We understand that the terms of this Medical Consent/Release/Liability Waiver Form are contractual and not a mere recital, and that I have signed this document of my own free will. This Medical Consent/Release/Liability Waiver Form shall be construed, enforced and interpreted in accordance with and governed by the laws of the State of Florida, exclusive of choice-of-law principles. The Circuit Courts in and for Sarasota County, Florida shall be the exclusive venue for any litigation or disputes related to or arising out of: i) my/our child's presence on any premises owned, either in whole or in part, by the Church of the Palms; ii) my/our child's use of any facilities or equipment therein; or iii) my/our child's participation in any program/activity sponsored by Church of the Palms and/or the Church of the Palms Youth Group or otherwise affiliated with the Church of the Palms, without respect to location. **I/WE HEREBY WAIVE THE RIGHT TO A TRIAL BY JURY** of any claim, cause of action, or suit, in law or in equity, that is in any manner related to or arises out of: i) my/our child's presence on any premises owned, either in whole or in part, by the Church of the Palms; ii) my/our child's use of any facilities or equipment therein; or iii) my/our child's participation in any program/activity sponsored by Church of the Palms and/or the Church of the Palms Youth Group or otherwise affiliated with the Church of the Palms, without respect to location. The provisions of this Medical Consent/Release/Liability Waiver Form are severable, and if any part of it is found to be unenforceable, the other provisions shall remain fully valid and enforceable. I/We understand that this Medical Consent/Release/Liability Waiver Form is a single integrated contract and represents the entire agreement between me/us and the Releases' and that it cannot be modified or changed in any way by the representation(s) or statement(s) of any released party, third party, or myself/ourselves. I/We voluntarily sign my/our name(s) as evidence of my/our acceptance of all the provisions in this Medical Consent/Release/Liability Waiver Form and my/our agreement to be bound by them

Signature(s): Parent/Guardian: _____ **Date:** _____

Print Parent/Guardian: _____

Witness: _____ **Date:** _____