

Friendship Children Risk and Consent Form for 2017

Student Name _____

Home Phone _____ Alternate Phone _____

Date of Birth _____ Age _____ Gender: Male
Female

Student Address (Street/City/State/Zip)

Parent/Guardian Name _____

Acknowledgment of Risk, Waiver of Liability, and Consent for Treatment:

I acknowledge that there are risks inherent in any student program, including but not limited to injury or death arising from participation in sports; child's failure to follow instructions of supervisors; communicable illness; and independent acts of third parties not under the control of supervisors. I acknowledge that all risks cannot be prevented and assume those to be beyond the control of staff. In order to minimize risks to my child or other participants, I will take responsibility to see that my child is prepared for all activities and is in good health.

In case of medical emergency, I understand that every reasonable attempt will be made to contact me, my family physician, or the emergency contact named below. However, in the event that I or my named contacts cannot be reached, I give my permission to the adults in charge to secure emergency medical treatment for my child. I accept financial responsibility for my child's well-being and hereby grant authority without limitation to the church/group sponsor, employees, volunteers and agents in all medical matters to obtain medical attention, hospitalize, treat, and order injections, anesthesia, or surgery in case of sickness or injury to my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. I also authorize the attending physician to provide any needed medical treatment. I also understand that it is my responsibility for advising/providing to church/group sponsor, employees, volunteers and agents information/instructions for all pre-existing medical conditions and/or physical, emotional, or mental handicaps. This acknowledgement applies to any children's event in 2017 in which I may register my child.

I, the undersigned, have read, understand and accept all the terms and conditions set forth in this agreement. I do hereby verify that the information provided is correct, and I do hereby release and forever discharge all sponsors and ministries from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury or death or loss of property while participating in children's events. Also, I understand that a copy of this form is as valid as the original.

Parent/Guardian Signature _____

Dated _____

Physicians Name _____

Physicians Number _____

Emergency Contact Name _____

Emergency Contact Number _____