



## PARENTAL PERMISSION AND MEDICAL RELEASE FORM

To protect all children participating in the activities and programs of CCA, this form must be completed and signed by a parent/guardian prior to their participation in any event.

All information is confidential.

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Parent Contact Information:** (primary emergency contact)

Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **EMERGENCY Contact Information:**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### **Health Information**

Special needs, allergies or restricted activities: \_\_\_\_\_

Does your child require medicine on a regular basis during our program hours? ☐ Yes\* ☐ No

Does your child require an EpiPen for allergic reactions? ☐ Yes\* ☐ No

*\*If yes, please request and complete a Medicine Information/Administration Consent form.*

### **Parental Consent for Participation**

I give consent for my child to attend and participate in CCA activities. If my child becomes ill or is injured during an activity, I understand the head of school or an administrator will contact me or my emergency contact as soon as practical. However, I authorize the CCA faculty and/or church leaders to 1) render first aid and/or 2) call 911 for medical assistance as deemed appropriate. I release Christ Church Vero Beach and its representatives from any liability for any loss, injury, or damage to person or property that may occur during the course of my child's involvement. Finally, I grant permission that the above named child may be included in school photography and/or videography.

SIGNED: \_\_\_\_\_

Signature

\_\_\_\_\_

Date

**WAIVER & RELEASE OF LIABILITY ON OTHER SIDE (SIGNATURE REQUIRED)**

## WAIVER & RELEASE OF LIABILITY

In the consideration of the risk of injury of my child, \_\_\_\_\_, arising from involvement in the Christ Church Academy (CCA) program, and as consideration for my child being enrolled in CCA, I hereby for myself, my heirs, executors, administrators, assigns and/or personal representatives, knowingly and voluntarily enter into this waiver any and all rights, claims, and/or causes of action of any kind whatsoever arising out of my child's participation in the CCA program, and do hereby release and forever discharge Christ Church Vero Beach, located at 665 20th Street, Vero Beach, Florida 32960, its rector, vestry, head of school, teachers, and/or its liability insurer for any physical or psychological injury, including but not limited to illness, paralysis, death, damages or emotional loss, that I and/or my family may suffer as a direct result of my child's participation in the CCA program including, without limitation, use of playground equipment, field trip, and transportation related to my child's participation in the CCA program.

I agree to indemnify and hold harmless against any and all claims, suits, or actions of any kind whatsoever, including attorney's fees and related costs, if litigation arises pursuant to any claims brought relating to this release.

I am aware of the risks and voluntarily enroll my child and allow him/her to engage in all activities of the CCA program at Christ Church Vero Beach. This includes, but not limited to, play activities on playgrounds and the related equipment, field trips, and transportation. I am aware of the potential risks, which may include, without limitation, physical and/or psychological pain, suffering, illness, disfigurement, temporary or permanent disability, paralysis, economic or emotional loss and/or death. I hereby assume all related risks, both known and unknown to me. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. I expressly agree to release and discharge Christ Church Vero Beach and all of its rector, vestry members, clergy, employees and CCA employees and volunteers.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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