



Medical Consent/Release/Liability Waiver Form 2018-2019

STUDENT INFO		
Student's Name	D.O.B.	
Address	Phone	
School	Grade	
PARENT / GUARDIAN INFO		
Guardian #1 Name	Relationship	
Guardian #1 Email	Guardian #1 Cell	
Guardian #2 Name	Relationship	
Guardian #2 Email	Guardian #2 Cell	
OTHER EMERGENCY INFORMATION		
Contact Name	Phone Number	Relationship
1.	1.	1.
2.	2.	2.
3.	3.	3.
Health Insurance Company	Policy &/or Group No.	
<p>Please list any and all allergies, medical concerns, physical limitations, disabilities or medications your student may have or need to take (including dosages):</p> 		
<p>Any additional information that may be pertinent to treatment of your student in the case of an emergency:</p> 		

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 Bahia Vista Church and/or the Bahia Vista Church Youth Group from now until December 31, 2017. 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 Bahia Vista Church and/or the Bahia Vista Church 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 Bahia Vista Church and/or the Bahia Vista Church 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 Bahia Vista Church and/or the Bahia Vista Church Youth

Print Guardian #1 Name	
Guardian #1 Signature	Today's Date
Print Guardian #2 Name	Today's Date
Guardian #2 Signature	
Witness	Today's Date

Initial	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 Bahia Vista Church; 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 Bahia Vista Church and/or the Bahia Vista Church Youth Group or otherwise affiliated with the Bahia Vista Church, without respect to location.
Initial	I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE THE BAHIA VISTA CHURCH, its members 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 Bahia Vista Church; 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 Bahia Vista Church and/or the Bahia Vista Church Youth Group or otherwise affiliated with Bahia Vista Church, without respect to location.
Initial	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 Bahia Vista Church; 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 Bahia Vista Church and/or the Bahia Vista Church Youth Group or otherwise affiliated with Bahia Vista Church, without respect to location.