

Incarnation Academy

MEDICAL & CONGREGATION RELEASE FORM

Parent/Guardian Release of Liability and Assumption of Risk Agreement
Please make sure all highlighted areas are complete.

_____ (full name of participant), has my permission to attend the Incarnation Academy for the 2020-2021 school year. I understand that all reasonable safeguards will be taken but that the Episcopal Diocese Church of the Incarnation and the leaders of this program are not responsible for any accident, illness, injury, or damage or consequence resulting from participation in the program, unless such accident, illness, injury or damage results from the gross negligence or wanton misconduct by or on behalf of the Episcopal Church of the Incarnation and/or the leaders of the program.

I KNOWINGLY AND FREELY ASSUME ALL RISKS OF ACCIDENT, ILLNESS, INJURY OR DAMAGE, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THOSE PERSONS OR ENTITIES RELEASED FROM LIABILITY IN THIS DOCUMENT, BOTH FOR MYSELF AND ON BEHALF OF THE PARTICIPANT WHOSE NAME APPEARS ABOVE.

I, FOR MYSELF AND ON BEHALF OF THE PARTICIPANT WHOSE NAME APPEARS ABOVE, HEREBY RELEASE AND HOLD HARMLESS THE EPISCOPAL CHURCH OF THE INCARNATION AND THE LEADERS OF THIS PROGRAM, THEIR EMPLOYEES, AGENTS, OFFICERS AND DIRECTORS ("RELEASES") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT.

In case of medical emergency, I (the parent or legal guardian of _____, a **minor**), hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed medical personnel on the staff of and any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician.

I understand that the CDC recommends the wearing of face masks to reduce the spread of Covid-19. I agree to send my child with a multi-layer cotton or disposable face mask. I will teach my child how to wear it properly and impress upon them the importance of wearing it at all times while inside the church building.

I understand that this this release is valid until revoked by those persons who have signed it. I understand that I sign this release in my own capacity and in a representative capacity on behalf of the minor child.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Date: _____ 1st Parent/Guardian Signature: _____

Date: _____ 2nd Parent/Guardian Signature: _____

Date: _____ Witness' Signature: _____

Birthdate of Participant: _____ Date of last tetanus shot: _____

Family Physician: _____ Phone: () _____

Family Dentist: _____ Phone: () _____

Insurance Company: _____ Policy #: _____

Name of policy holder: _____ Ins. Co. Phone: () _____

Any food or drug allergies: _____

Special Needs: _____

Medical Diagnoses or Medication: _____

1st Parent/Guardian Name: _____ Best Phone: _____

2nd Parent/Guardian Name: _____ Best Phone: _____

If I/we cannot be reached, please contact _____ to make medical decisions.

Phone: () _____ Relationship: _____

Please list any activities in which your child should NOT participate: _____
