

WADE CHRISTIAN ACADEMY

"Home of the Panthers"

Liability Release Form School Year 2021/2022

Student Name _____ Grade _____

In consideration for being accepted at Wade Christian Academy for participation in Wade Christian Academy trips/activities, we, being twenty-one years of age or older, do, for ourselves, and for and on behalf of my/our child-participate (herein referred to as Participant) if said participant is not twenty-one years of age or older, do hereby release forever, discharge and agree to hold harmless Wade Christian Academy and the directors thereof from any and all liability, claims or demands of personal injury, sickness or death, as well as property damage and expense, of any nature whatsoever which may be incurred, as the result of the negligent, willful or intentional acts of said participants including expenses incurred attendant thereto.

Furthermore, we (and on behalf of our/my participant if under the age of twenty-one) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agrees to hold harmless and indemnify said school directors, employees and agents for any liability sustained by said school as the result of the negligent, willful or intentional acts of said participants including expenses incurred attendant thereto.

I/We have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leaderships of the activity.

PARENTAL CONSENT

TO WHOM IT MAY CONCERN: The undersigned do (does) hereby give permission for my (our) children listed above to attend and participate in activities sponsored by Wade Christian Academy.

I/We authorize an adult, in whom care of the minor has been entrusted, to consent to x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment in hospital care, to be rendered to the child/minor under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Florida Medical Practice Act on the medical staff of a licensed hospital, whether surgical diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child/minor or pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my (our) child/minor to ride in the vehicle designated by the adult in which care the child/minor has been entrusted with during and participating in activities sponsored by Wade Christian Academy.

"Under penalties of perjury, I declare that I have read the foregoing (document) and that the facts stated in it are true."

Father/Legal Guardian (signature)

Mother/Legal Guardian (signature)

Emergency Contact

Relationship to student

Telephone Number

Medical Insurance Company _____ Policy # _____

Primary Care Physician _____ Tel. # _____