



# Health Consent and Activity Waiver 2020-2021

Expires August 31, 2021

Adult or Student Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First) (Middle Initial) (Last)

Address \_\_\_\_\_ Male / Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact (non-parent) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

## For Students:

School \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Second Parent \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Carrier address \_\_\_\_\_ Name of insured \_\_\_\_\_

Place of employment \_\_\_\_\_ Phone \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of dentist \_\_\_\_\_ Phone \_\_\_\_\_

List allergies or medical conditions: \_\_\_\_\_

## List current medications: (List prescription, OTC & herbal)

Medication name: \_\_\_\_\_ Dosage \_\_\_\_\_ How Often? \_\_\_\_\_

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Blood type (if known) \_\_\_\_\_ Are all immunizations current? Yes No

Do you give authorization to approve medical treatment? Yes No

Describe your students swimming ability: Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Any other information you feel the leaders should know in advance about your student: \_\_\_\_\_

## For your information, these are our rules of conduct expected from each student:

- Respect one another, staff and adult leaders • No alcohol, drugs, tobacco permitted • No lighters permitted • Respect property
- No fighting, weapons, fireworks, explosives • No students permitted to drive for events (except in town with parent approval)
- No offensive or immodest clothing • No boys in girl's sleeping quarter & visa versa • Participation with the group is expected
- Respect and comply with event schedules

I/We, the undersigned parents or legal guardians of \_\_\_\_\_ (*child's name*), acknowledge that my child's participation in the Southside Church of the Nazarene (*hereinafter referred to as "SNC"*) student ministries program is voluntary and require involvement in activities and events that may require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local and regional excursions, and meetings. I/We acknowledge that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the SNC student ministries program activities, I/we agree to the following:

SNC is not responsible for the loss or theft of personal belongings.

Misconduct on the part of my/our child may result in transportation home from an activity at my/our expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

I/We understand that, and authorize, my/our child's image may be photographed or filmed and may be used in video presentations, online streaming and/or printed publications, which may include publications on websites owned or maintained by SNC or its affiliate ministries.

I/We acknowledge that proper safety equipment, including, but not limited to, proper headgear, knee, shoulder and elbow pads, must be worn and used properly by my/our child in order to participate in SNC-sanctioned activities and sporting events.

I/We hereby relinquish any and all liability for any cause of action for personal injury, property damage, or wrongful death occurring to my/our child arising out of his or her participation in SNC sanctioned events, activities, or sporting events, including, but not limited to, in-line roller hockey, basketball, volleyball, skateboarding, and roller skating, and/or activities incidental to these activities, wherever or however they occur. The terms of this waiver, release, assumption of risk and indemnity agreement shall apply for one (1) year commencing the date of execution by me/us, and shall include any and all activities or sporting events my/our child participates in for this period of time, and by this agreement any such claims, rights, and causes of action that my/our child may have are hereby relinquished and my/our child (or parent(s)/guardian(s)) do/does so on behalf of my/our and my/our child's heirs, executors, administrators and/or assigns.

I/We understand, acknowledge and assume all risks inherent in the activities and sporting events described in paragraph 5 above, and understand that said sport and activities involve risks to my/our child's person including bodily injury, partial or total disability, permanent or partial paralysis, and death, and damages which may result, and that I/we have full knowledge said risks, and that these risks and dangers may be caused by the negligence of my/our child or the negligence of other, including the "releasees" identified below. It is further acknowledged that there may be risks and dangers not known to SNC, to us, or are not reasonably foreseeable at this time.

I/We acknowledge and understand and assume the risks, if any, arising from the conditions and use of the sport and event facilities used in SNC-sanctioned activities and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action, arising from the performance, or failure to perform maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection of certain Releasees, or negligent supervision or instruction by Releasees.

IT IS THE PURPOSE OF THIS AGREEMENT TO EXEMPT, WAIVE AND RELIEVE THE FOLLOWING LISTED RELEASEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, AND WRONGFUL DEATH CAUSED BY NEGLIGENCE AND THE NEGLIGENCE OF THE RELEASEES: Releasees shall include: SNC, its Affiliate Associations, Local Association, Member teams, event hosts, volunteers, other participants, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event or activity and each of their officers, directors, agents, or employees.

I/WE ACKNOWLEDGE THAT I/WE HAVE READ THE ABOVE TERMS AND HAVE NOT RELIED UPON ANY REPRESENTATIONS OF RELEASEES, THAT I/WE ARE FULLY AWARE OF AND HAVE BEEN ADVISED OF THE POTENTIAL DANGERS OF THE ACTIVITIES AND/OR SPORTING EVENTS DESCRIBED ABOVE, AND SIGN THIS AGREEMENT VOLUNTARILY, UNDERSTANDING THAT IT IS NECESSARY TO ALLOW THE AMATEUR SPORTING EVENTS DESCRIBED ABOVE TO EXIST IN THEIR PRESENT FORM AND PRESENTATION.

\_\_\_\_\_  
Parent's Name (printed) Date

\_\_\_\_\_  
Notary of Public Signature Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
County

(Signature must be signed in person with valid photo ID)

\_\_\_\_\_  
State