

# CAV Students Informed Consent/Liability Release

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, am aware and understand that some activities planned may be physically demanding and potentially dangerous and may present a potential risk of physical injury. I agree and hereby state that I have sole legal responsibility for my child's participation in such activities. I am aware and understand that all of the program activities are strictly voluntary and participation is at the discretion of the individual. After due consideration of my child's physical health and abilities, medical condition and emotional maturity, my child has my full permission to participate in each activity to whatever degree they choose with any exceptions\* listed below. I further state that my child is not under the influence of any chemical substances including alcohol. I willingly and knowingly assume for myself, my child, my heirs and family members, all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program. I further agree to hold Church at Viera, its employees, its instructors, facilitators and agents harmless for any and all liability arising from participation in the program. Should Church at Viera or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify (to shift the responsibility for payment of damages to someone else) and hold Church at Viera harmless for all such fees and costs. This release does not, however, apply to any physical injury or emotional harm caused by gross negligence or willful misconduct of Church at Viera, its employees, its instructors, facilitators and agents.

\*Exceptions: (if none, please list "none" and initial) \_\_\_\_\_

Initial: \_\_\_\_\_

Allergies: \_\_\_\_\_

## Photo Release

I, the parent/guardian as signed below, give Church at Viera permission to use photographs and video taken of my child during time spent at Church at Viera, or its affiliates including off site activities, without monetary or supplemental gain for myself, my heirs, family members, executors, or administrators.

## Transportation Release

I, the parent/guardian as signed below, willingly and knowingly assume for myself, my heirs and family members, all risk of physical injury and emotional upset which may occur during transportation of my child to and from activities and hereby agree to hold Church at Viera, its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation in the program.

## Medical Release

I further understand that, in the event my child requires medical or dental treatment while engaged in this event, reasonable efforts will be made to contact me; however, if I cannot be reached, I, as the parent/guardian signed below, hereby give consent and/or authorization for \_\_\_\_\_ to be examined by medical or dental personnel, as dutifully licensed to practice under the laws of the state; and to provide necessary treatment and/or hospitalization that in their professional opinion is necessary to maintain the life, health, or well-being of the student. I also understand that my insurance is primary in any and all claims.

## Insurance Information

Provider: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Policy

Holder: \_\_\_\_\_ Type of Plan ☐ Group ☐ Individual

In case of Emergency and I cannot be contacted please notify:

Name : \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I certify that I take full responsibility to bear any cost of injury or damage. I have also had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

_____	_____	_____	_____
Parent Signature	Date	* Witness Signature	Date