



Grace Baptist Church

501 NE 48th Street, Pompano Beach, Florida 33064 (954) 421-0190

Awana Games & Sparks-a-Rama

Medical/Liability Release

(To be completed and turned in for each participating child.)

Child's Name _____ Age _____

Parent's Name _____

Address

Address of Child if Different than Above

Home Phone _____

Parent Cell Phone _____

Alternative Emergency Contact Person _____

Relationship _____ Phone _____

***I hereby authorize the emergency medical treatment of my child while under the care and custody of Grace Baptist Church and hold harmless the church and its agents or assigns and representatives, including volunteer workers for any harm deemed to arise from the said treatment or the lack of said treatment.

Indemnification

As a participant, parent or guardian of a participant with the Awana Games, I agree to uphold the standards contained within this document. I will endeavor to protect the premises of Grace Baptist and

Highlands Christian Academy. I agree to hold harmless, indemnify and defend Grace Baptist Church, including its employees, volunteers, agents or representatives, from any and all liability for injury or damage to myself or my child, including, but not limited to, bodily injury, personal injury, emotional injury, property damage, punitive damages, costs and expenses (including, without limitation, reasonable attorneys' fees and other legal costs) which may result from or relate to my use or my child's use of the premises of Grace Baptist Church. I further agree to hold harmless, indemnify and defend Grace Baptist Church, including its employees, volunteers, agents or representatives, from any and all liability for injury or damage to any third party or his or her property which may result from or relate to my use or my child's use of the premises of Grace Baptist Church and/or Highlands Christian Academy.

I understand that neither Grace Baptist Church nor its workers are responsible for administering any medications required to be taken by my child and this is the sole responsibility of my child; and I acknowledge that neither Grace Baptist Church nor any of its workers are authorized to make any medical diagnosis nor administer any medical procedures, excepting those actions deemed proper and necessary in an emergency where they may act as a "Good Samaritan" and render aid and assistance as allowed under the laws of Florida, whose jurisdiction is agreed to by myself as applicable.

A copy of this document shall be valid as though it were an original.

Date _____

Signature of Parent/Guardian _____

Printed Name _____

Child's Full Name _____ **Date of Birth** _____

Medical Insurance Co. _____ **Policy #** _____

Doctor's Name _____ **Phone #** _____

Special Needs or Medical Concerns _____