**Maranatha Chapel: Connect High School Ministry Activity Waiver 2020-2021**

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Student Participating Grade Male/Female Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Names E-mail address (please print clearly)

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Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Work Phone Parent’s Cell Phone

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Medical Problems/Medications

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Alternate Emergency Contact Daytime Phone Cell Phone

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Alternate Person Authorized to Pick-up student (include phone numbers)

Activity Permission and Authorization to Consent to Treatment of Child

As the parent or legal guardian of the child named above, I authorize participation of my child in the activity listed above. I authorize staff members and authorized volunteers to consent to any examination, anesthetic, medical or surgical treatment and hospital care for my child, which is deemed advisable by a physician or surgeon licensed under the provision of the Medical Practice Act. It is understood that this authorization is given in advance of a specific need. I assume all financial responsibility for any emergency transportation, treatment or hospitalization of the above mentioned minor.

\_\_\_\_\_\_ Initials

I fully understand that by allowing my students to participate in group transportation provided by the church, they will be unable to observe social distancing protocol. I agree that my child will observe COVID-19 protocols while attending church events (i.e. performing a self-symptom check within 2 hours prior to event, wearing a face covering while inside a vehicle, etc.) I understand that by failing to observe social distancing protocol, I am assuming all liability for the potential risk of spreading or contracting COVID-19.

\_\_\_\_\_\_Initials

I also fully understand that any travel, activity or outdoor pursuit have inherent dangers that no amount of care, caution, instruction or expertise can eliminate. Mindful of these conditions, I FOREVER RELEASE AND DISCHARGE Maranatha Chapel and Maranatha Schools, it’s personnel and volunteers for any and all liabilities, claims, demands or causes of action that I may hereafter have for any injuries or damages arising out of my child’s participation on the above referenced activity. I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH, PERSONAL INJURY OR PROPERTY DAMAGE SUSTAINED BY MY CHILD WHILE PARTICIPATING IN THE ABOVE REFERENCED ACTIVITY AND AGREE FOR MYSELF, MY CHILD AND MY HEIRS, REPRESENTATIVES AND ASSIGNS TO INDEMNIFY AND HOLD HARMLESS Maranatha Chapel for any and all losses, claims actions, or proceedings of any kind which may be initiated by myself, my child or any other person or organization, including demands for damages, judgments, costs, losses of services, or expenses, arising from the activities contemplated by this agreement, including but not limited to

reasonable attorney fees incurred by Maranatha Chapel herein.

\_\_\_\_\_\_Initials

On behalf of the above person, who is a minor, I agree for said minor and for myself to be bound by all terms and conditions of the foregoing agreement, including to INDEMNIFY AND HOLD HARMLESS MARANATHA CHAPEL as set forth above.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent, Guardian or Responsible Party

(If Participant is under 18 years of age)

Today’s Date\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_