

MTOBC CONSENT AND RELEASE FORM – Slip & Slide Kickball 2022

I, the undersigned parent, guardian or adult participant, hereby consent to my child or myself, _____, who is _____ years of age, participating in the activities connected with the Slip & Slide Kickball, an activity sponsored by and hosted at Wellborn Baptist Church Saturday, September 17, 2022. I certify that my child is or I am able to participate in these activities, including slip & slide, kickball. If I or my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I or an emergency contact may be reached at the telephone number listed below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Wellborn Baptist Church and its agents and employees, and Mt. Olive Baptist Church and its agents and employees harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to myself or my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

Parent or Guardian or Adult Participant Signature

Date

Printed name

Telephone Numbers Where I May Be Reached In An Emergency:

() _____ **Type:**

() _____ **Type:**

Medical Conditions or Allergies to be aware of:

Physical Restrictions:

Instructions and Medications:

Date of Last Tetanus or Booster: _____

I Do Not Wish My Child To Participate In The Following:

Address:

Parent or Guardian or Adult Participant Signature

Date