

Consent and Release of Liability for 2nd Saturday-Minors
(PLEASE PRINT)

I, the undersigned parent or guardian, hereby consent to my child, _____ who is _____ years of age, participating in the activities connected with 2nd Saturday, an activity sponsored by Grace Family Church, for the dates of: January 14, February 11, March 10, April 14, May 12, June 9, July 14, August 11, September 8, October 13, November 10, and December 8 of the 2012 calendar year, from approximately 8:15AM to 12:30PM. I certify that my child is able to participate in these activities including but not limited to transportation to and from Grace Family Church, feeding the homeless, playing with children outdoors and indoors, sports activities, participating in arts & crafts, cleaning parks, and repairing homes with the use of indoor/outdoor equipment in efforts of completing work projects, lifting, and exposure to the outdoor elements. If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them on the back of this page. If I cannot be reached within a reasonable period of time, I authorize the adult sponsor, the Local Outreach Director, or the 2nd Saturday Team Leader, to make emergency medical decisions for my child. If there are activities in which I do not want my child to participate, I have listed them on the back of this page.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS, WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Grace Family 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 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 FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and understand.

Medical Conditions to be aware of including allergies to food, medicines, insects, etc. (list on reverse side if applicable).
If none so state: _____

Physical Restrictions (list on reverse side if applicable). If none so state: _____

Instructions and Medications (list on reverse side if applicable). If none so state: _____

Insurance Contact Information and Physician (list on reverse side if applicable). If none so state: _____

Date of Last Tetanus and Booster: _____

I **DO NOT** Wish My Child to participate in the Following Activities (list on reverse side if applicable):

Parent or Guardian Signature	Parent or Guardian / Please Print
Date: _____	Date: _____

Emergency Contact Telephone Numbers: _____