

Naples United Church of Christ
2016-2017

**ACTIVITY WAIVER, MEDICAL INFORMATION, TRANSPORTATION AND
IMAGE RELEASE**

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20____, by _____, a youth (the "Participant"), and _____, the parent having legal custody and/ or the legal guardian of the Participant (the "Parent/Guardian"), in favor of Naples United Church of Christ and herein after referred to as "NUCC" of 5200 Crayton Road, Naples, FL 34103, a Florida nonprofit corporation, their directors, officers, volunteers, employees, and agents. _____, (youth name) will be participating in _____ (name of activity).

The Participant and Parent/Guardian on behalf of the Participant do hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. **Release and Waiver.** Participant and Parent/Guardian on behalf of the participant do hereby release and forever discharge and hold harmless NUCC and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from participating in this activity.

Participant and Parent/Guardian on behalf of the Participant understand that this Release discharges NUCC from any liability or claim that the Participant may have against NUCC respect to any bodily injury, personal injury, illness, death or property damage that may result from Participant's Activities with the above mentioned activity, whether caused by the negligence of NUCC or its officers, directors, employees, volunteers, or agents or otherwise. Participant and Parent/Guardian on behalf of the Participant also understand that NUCC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

2. **Medical Treatment.** Participant and Parent/Guardian on behalf of the Participant do hereby release and forever discharge NUCC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Participant's Activities or with the decision by any representative or agent of NUCC to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Participant. (attached)
3. **Assumption of the Risk.** The Participant and Parent/Guardian on behalf of the Participant understand that the Activities may involve some risk to the Participant.

Participant and Parent/Guardian on behalf of the Participant hereby expressly and specifically assumes the risk of injury or harm in the Activities and release NUCC from all liability for injury, illness, death, or property damage resulting from the Activities.

4. **Insurance.** The Participant and Parent/Guardian understand that, except as otherwise agreed to by NUCC in writing; NUCC does not carry or maintain health, medical, or disability insurance coverage for any Participant.

Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

5. **Photographic Release.** Participant and Parent/Guardian do hereby grant and convey unto NUCC all right, title, and interest in any and all photographic images and video or audio recording made by NUCC during the Participant's Activities with NUCC including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings and consents to NUCC using images as it deems appropriate.
6. **Transportation Release.** Parent/Guardian do hereby give permission for and authorize transporting ourselves and/or child or children, (mentioned above) on behalf of NUCC for any reason deemed necessary for programming to take place.
7. **Other.** Participant and Parent/Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. Participant and Parent/Guardian on behalf of the Participant agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Participant and Parent/Guardian have executed this Release as of the day and year first above written.

Participant Signature: _____ **Witness:** _____
(Please Print)

Parent/Guardian Signature: _____ **Witness Signature:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

2016-2017

MEDICAL AUTHORIZATION FOR TREATMENT OF A CHILD/YOUTH/ADULT

I request and authorize the Naples United Church of Christ (NUCC), area hospitals, medical staff personnel, agents and employees, to provide all medical care including but not limited to hospital tests, such as pathology, radiology and anesthesia, surgery, and prescriptive drugs advisable for the health of my child/self. I acknowledge that no representations, warranties or guarantees as to result or cures will be made. I accept responsibility for any and all costs having to do with accident or medical illness while my son/daughter/self is attending the above referenced activity/trip.

Name _____

Parent/Legal Guardian _____

Home Address _____

City _____ State _____ Zip _____

Health Care Information

Name of Dentist/Orthodontist _____ Phone _____

Name of Family Physician _____ Phone _____

Do you carry family medical/hospital insurance? (circle one) Yes No

Insurance name: _____ policy/group# _____

Date of last Tetanus shot _____

Is your child under the care of a physician for: Epilepsy (circle one) Yes No

(If an adult, also please answer) Diabetes (circle one) Yes No

Other _____

PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF INSURANCE CARD WITH REGISTRATION!!

Recommendations and Restrictions:

Any medication to be administered and specific dosages

Any allergies (drugs, food, plants, insects, etc.)

Additional Health Information (surgery or serious injuries, chronic or recurring illness/medical condition, psychiatric counseling or indications, etc.)

Limitations or restrictions on food and/or activities

In case of Emergency Contact:

Name _____ Relationship _____

Day Phone _____ Evening Phone _____

Parent/Legal Guardian _____

Signature _____ Date _____

(Parent/legal guardian/adult)