

LANGUAGE IN THIS FORM IS MANDATED BY THE FLORIDA LEGISLATURE

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF HOPE STREET OF TAMPA, INC. AND IDLEWILD BAPTIST CHURCH AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, DONORS AND VOLUNTEERS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM HOPE STREET AND IDLEWILD BAPTIST CHURCH OR ANY OF ITS OFFICER, DIRECTORS, EMPLOYEES, AGENTS, DONORS OR VOLUNTEERS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND HOPE STREET HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

1. We, the undersigned, legal guardians of _____, a minor, on behalf of ourselves as parents and guardians and on behalf of our minor child, do hereby release Hope Street of Tampa, Inc. and its officers, directors, pastors, employees, agents, volunteers, donors, and affiliates (collectively "Hope Street") from liability in case of any and all illness, injury or loss as well as claims, damages or actions of any nature whatsoever, even if resulting from the negligence of Hope Street and even if resulting from negligence, actions, judgments, decisions or errors in the administration of medicines or medical care by Idlewild for any event or activity in which our minor child participates at or with Hope Street.
2. Furthermore, we do hereby authorize Hope Street to consent to any diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician, surgeon, nurse, EMT or person. It is understood that this authorization is given in advance of any specific care being required, but is given to provide authority to give care which may, in the exercise of judgment, be deemed advisable, based upon such circumstances as exist, including but not limited to any emergency.
3. We hereby authorize Hope Street, and those with training as Emergency Medical Technicians or Registered or Licensed Nurses, to perform care upon our child in accordance with the level of training they have received as deemed necessary by them. Regardless, we release them from any and all claims even if resulting from negligence, actions, judgments, decisions, decisions or errors in the administration of medicines or medical care. We hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to any adult supervisor or agent of Hope Street upon completion of treatment. This authorization is given pursuant to Florida Law.
4. We hereby request Hope Street to carry out discipline determined to be necessary for our child as deemed appropriate under the circumstances and we release Hope Street from claims for damages and from any liability for any such discipline, even in the event of the negligence by Hope Street. We also agree to pay the expenses of our child's trip home, if away from the church, because of disciplinary action should such action be deemed appropriate by Hope Street.
5. We recognize and agree that all activities at or involving Hope Street are intended to be physically, emotionally and spiritually beneficial, and that every activity in life involves inherent and unavoidable risks. We have also considered our ability to obtain independent insurance coverage or have other means to cover the expense of any loss, damage or injury and we accept the risk and expense.
6. We, for ourselves and our minor child, hereby authorize the use by publication, display or public use of our or our child's photograph or any likeness in advertising, promotion or reporting of events of Hope Street or any activity in which Hope Street is associated and we therefore hereby waive and release any and all rights and claims for damages we and/or our minor child may have against Hope Street from any and all claims, damages or actions of any nature whatsoever, including but not limited to claims pursuant to Chapter 540, Florida Statutes, as a result of such use or display.
7. We have read the entire Informed Consent and Release, and voluntarily accept the conditions stated herein as a requirement to our child's participate in events and activities involving Hope Street. We agree that unless specifically revoked in writing signed by us, this Informed Consent and Release will remain in full force and effect for the entire year. We understand that participation may take place only with a fully executed form in the possession of Hope Street.

Signature _____ **Date** _____

Choose one: PARENT ☐ LEGAL GUARDIAN ☐ PERSON HAVING LEGAL CUSTODY (EXPLAIN BELOW)

Signature _____ **Date** _____

Choose one: PARENT ☐ LEGAL GUARDIAN ☐ PERSON HAVING LEGAL CUSTODY (EXPLAIN BELOW)
