

Church of the Incarnation

Episcopal Diocese of Central Florida

PARTICIPANT PERMISSION + RELEASE FORM

Sept 15, 2022 - May 31, 2023

(Please print clearly)

Name _____	Age _____		
Address _____	Telephone (mobile) _____		
City _____	State _____	Zip _____	Grade in School _____
Church _____			

(Registrations will not be accepted without a parent signature as requested below.) As a parent or guardian of the above-mentioned young person, I attest that they are in good health. I know of no physical, mental, or emotional reason to prohibit my child from participating in all local + regional activities sponsored by the Church of the Incarnation from Sept 15, 2022 through May 31, 2023, and I voluntarily and expressly assume the risk and all other risks of loss, damage or injury that may be sustained by the participant while participating in such activities. The participant will take proper safety precautions in regards to his/her personal safety and the safety of others during the course of these activities. Therefore, I release, waive, discharge and covenant not to sue the Church of the Incarnation, the Episcopal Diocese of Central Florida, and/or staff representing it for personal injury or death while attending and/or participating in Church of the Incarnation events. I give my permission to have my child medically treated by a licensed physician, nurse, or hospital staff during the period inscribed. I also understand that the Church of the Incarnation nor Episcopal Diocese of Central Florida does not provide medical insurance for expenses related to this treatment. Therefore this expense is the responsibility of the child being treated. I understand pictures are taken within the course of Church of the Incarnation activities/events. I agree that the Church of the Incarnation + Episcopal Diocese of Central Florida may use such photographs and/or videos of my child with or without their name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above authorization, release and agreement, and am comfortable with its terms and voluntarily sign the same.

Special Dietary or Medical Needs _____

Current Medication _____ Allergies _____

Parents (Guardian) Printed Name _____ Emergency Telephone _____

Parents Signature _____ Date _____

Notary:

State of _____ County of _____ The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____

Notary Public My Commission Expires _____