NorthRidge Church After-School Club 2022 - 2023
RELEASE OF LIABILITY AND CONSENT TO MEDICAL TREATMENT

*Please note a form must be filled out for **each** child. This form must be turned in on or before the first day of After-School Club.*

I/We, the undersigned, _____, the parent(s) or legal guardian(s) of _____, hereby state that I/we consent to the above referenced child's participation in activities with NorthRidge Church, 1820 Morton Street, Falls City, Nebraska. I am aware that my child will be participating in after school activities for the 2022-2023 school year.

Address: _____

Phone Number(s): _____

Emergency Contact Name: _____

Emergency Contact Relationship to Child: _____

Emergency Contact Phone Number(s): _____

Food Allergies, Health Problems, or Physical Limitations we need to be aware of? YES/NO

If YES please explain: _____

_____

_____

Child's Doctor: _____

Doctor's Phone Number: _____

I/We hereby authorize the employees and/or representatives of NorthRidge Church, their agents, including volunteers, to obtain emergency medical treatment for my child his/her participation in activities with North Ridge Church. I further agree that employees and representatives of NorthRidge Church may discuss my child's medical condition with the attending doctor and I hereby waive any privacy rights which may preclude the release of the medical information relating to my child's medical condition during his/her participation in activities. This release shall include any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d, and the Department of Health and Human Services Privacy Rule of 2000. I/We understand that participation in both indoor and outdoor activities carries with it a reasonable assumption of risk. I/We, hereby for myself, my heirs, administrators and assigns, release, remise and discharge NorthRidge Church, its representatives, their respective employees, representatives, heirs, servants, agents, officers, and officials from all claims, demands, actions and causes of action of any sort, for injuries and damages arising from my child's participation in NorthRidge Church activities.

This acknowledgement of risk, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

_____ _____

Parent or Legal Guardian **Date**