

LEGAL WAIVER & MEDICAL RELEASE FORM

The undersigned, being the parent or legal guardian of the following children (must include full legal name of each):

_____, a minor, born _____
_____, a minor, born _____
_____, a minor, born _____
_____, a minor, born _____
_____, a minor, born _____
_____, a minor, born _____

LEGAL WAIVER

*I acknowledge and fully understand that each participant will be engaged in activities that involve risk of injury which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of conduct, or conditions of the premises or any of the equipment used. Further, that there may be risks not known to us or foreseeable at the time.

*I assume all foregoing risk and accept personal responsibility for the damages following such injury.

*I acknowledge and fully understand that neither Veritas in Academia (herein referred to as VIA) nor Saints Peter and Paul are responsible or liable for participants outside of the Saints Peter and Paul Parish Center or church building, outside of class, when a tutor is not present, and at any other time that is not considered a part of the regularly scheduled class time. This includes, but is not limited to: outside of the building, before and after class, in cars, to and from parking lots, lunch outside of designated VIA eating area, and free time.

*VIA has the full authority and right to determine who will serve as tutors and who will be eligible to take classes. At any time, for any reason, stated or unstated, VIA may terminate a tutor’s contract or a student’s eligibility.

*VIA retains the full authority and right to dissolve the corporation at any time with or without advanced notice.

*I hereby release, waive, discharge, indemnify and hold harmless and covenant not to sue VIA and Saints Peter and Paul parish, all entities and individuals involved in running and supporting VIA, their officers, directors, administrators, board of directors, employees, affiliates, agents, representatives, employees, tutors, volunteers, successors, and assigns, or any customers, participants, sponsors, advertisers, rescue personnel, or other persons or entities involved in any capacity whatsoever with VIA (for purposes herein collectively referred to as the “Releases”) from all liability to me, my spouse, and my child’s personal representatives, assigns, heirs, and next of kin for any and all claims, demands, losses or damages, and any claim or demands therefor, on account of injury to the person or property resulting in my death or injury, however caused, arising out of or related to activities of VIA, including, without limitation, the activities led by VIA tutors, whether caused by the negligence of any of the Releasees or otherwise.

*I agree prior to participating, I will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise the administrators of such conditions and will take immediate action to prohibit use of anything deemed unsafe until safe conditions are secured.

*I hereby release all members of VIA and of the Church of Ss. Peter and Paul of any and all liability resulting from medical treatment. I understand if medical attention is necessary and I am not present, my permission is granted to call an ambulance to transport any family member I have listed to the nearest medical facility for emergency medical treatment. I am responsible for all expenses incurred.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, AND UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNS IT VOLUNTARILY.

Parent/Guardian’s Printed Name: _____
Parent/Guardian’s Signature: _____ Date: _____

MEDICAL RELEASE

I (we) request and authorize any physician, associates, assistants, agents and employees thereof, to provide any x-ray, examinations, anesthetic, diagnosis, medical, or surgical treatment, or hospital or clinic service that may be required by said minor in the estimation of such physician, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis or required treatment and is given to encourage said hospital and said physicians to exercise their best judgment as to the requirements of such diagnosis and treatment in those instances when a parent of the minor is unavailable to provide the necessary consent to treatment.

Parent/Guardian’s Signature: _____ Date: _____ Phone: _____

Print Health Information: person(s) to contact in case of non-medical emergency when you are not available:

Name: _____ Phone: _____

Health Insurance Company: _____ Contract #: _____ Group #: _____

Please describe any medical concerns/general information that would be helpful in the care of your child:

Please list any medications and/or allergies that your child may need/has: