

LIABILITY RELEASE AND PARENTAL CONSENT FORM

(updated 7/24/23)

Name _____ Age _____ Birth Date _____
Name _____ Age _____ Birth Date _____
Name _____ Age _____ Birth Date _____
Name _____ Age _____ Birth Date _____
Address _____ City _____ State _____ Zip _____
Phone _____ () Cell () Home Parent(s) Business Phone _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child(ren), to attend and participate in Speech and Debate Club sponsored by Kobayashi Maru Speech and Debate Club for the 2023-2024 competition year. In consideration for being accepted for participation in this activity, we (I) being 21 years of age or older, do for ourselves (myself) (and for and on the behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Kobayashi Maru Speech and Debate Club and First Presbyterian Church, Augusta, and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described activity.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission are hereby agreed to hold harmless and indemnify said organization, its directors, and agents, for any liability sustained by said organization as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are (am) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) child permission for him (her) to participate fully in said activity, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

<p>Hospital Insurance () Yes () No Insurance Company _____ Policy Holder _____ Policy/Group Number _____ Physician _____ Phone # _____ Emergency Phone # (other than home) _____</p>	<p>Please list any allergies or special medical problems your child(ren) may have.</p>
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Sign & Date

Parent/Guardian Signature _____ Date _____
Parent/Guardian name printed _____