

United Ice Skating Event

Consent and Release of Liability for Minors (PLEASE PRINT)

I, the undersigned parent or guardian, hereby consent to my child, _____ who is _____ years of age, participating in the activities connected with the United Ice Skating at Florida Hospital Center Ice, an activity sponsored by Grace Family Church on December 20, 2017, from approximately 7:00pm to 9:00pm. I certify that my child is able to participate in these activities, including but not limited to transportation to and from Grace Family Church, playing with children outdoors and indoors and sports activities. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them on the back of this page. If I cannot be reached within a reasonable period of time, I hereby authorize the adult sponsor, the Youth Director, or the Grace Family Team Leader, to make emergency medical decisions for my child. If there are activities in which I do not want my child to participate, I have listed them on the back of this page.

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 GRACE FAMILY CHURCH AND ITS EMPLOYEES AND VOLUNTEERS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED IN 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 GRACE FAMILY CHURCH OR ANY OF ITS EMPLOYEES, AGENTS, 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 GRACE FAMILY CHURCH HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and understand.

I **DO NOT** Wish My Child to participate in the Following Activities: _____

Parent or Guardian **Signature**

Parent or Guardian / **Please Print**

Date: _____

Date: _____