

Agape Academy

Loving God, Loving Children, Teaching & Reaching Our World

MEDICAL LIABILITY RELEASE

Summerfest 2020

NAME OF CHILD: _____ DOB: _____

In case there is not time to be contacted, I hereby give my consent for **EMERGENCY MEDICAL CARE & CHILD TO BE TAKEN TO CHILDREN'S HOSPITAL** for the above named child during the time that they are under the supervision of AA staff member or Agape Church or their children's sponsors during the **2020-2021 fiscal year**.

Childs Physician's Name _____ **Physician's Address** _____

Physicians phone # _____ (Physicians name, address & phone # are all mandatory information per DHS)

I/we, the undersigned, do hereby release, remiss and forever discharge all sponsors, AA and Agape Church, Inc. from any and all claims, demands, actions, or course of action, past, present or future arising out of any damage or injury while participating in the children's activities sponsored by AA and Agape Church, Inc. during the **2020-2021 fiscal year**.

In extreme situations when I cannot be reached, **I AUTHORIZE** **I DO NOT AUTHORIZE**
AA staff to give my child the appropriate dose of children's Tylenol/Ibuprophen. (check one)

Does student have a special medical condition? Yes No On medication Yes No (circle one)

If so, please describe _____

In case of emergency contact _____ Relationship _____

Allergies: _____ N/K/A

Parent/Guardian Signature _____

AA PLAYGROUND LIABILITY RELEASE

I, THE UNDERSIGNED AGREE THAT AA & AGAPE CHURCH IS NOT LIABLE IN THE CASE OF AN ACCIDENT IN THE SCHOOL, OR ON THE PLAYGROUND. I STAND IN AGREEMENT WITH AA FOR THE WELL BEING OF MY CHILD. IN CASE OF AN EXTREME EMERGENCY OCCURING, WHILE MY CHILD _____, IS IN THE CARE OF AA AND I CANNOT BE REACHED IMMEDIATELY; I GIVE MY PERMISSION FOR MY CHILD TO BE TAKEN TO THE **CHILDRENS HOSPITAL** IN LITTLE ROCK. I ALSO ASSUME RESPONSIBILITY FOR EXPENSES INCURRED AT THE TIME OF EXAMINATION.

Signature of Parent/Guardian

Date

PHOTO & VIDEO RELEASE FORM

I, _____ (Parent/Guardian Name), give consent to AA Administration, to photograph and/or record my child, _____ at AA and/or any event, activity, or outing of AA. I give consent for any such photograph/video to be used for the purpose including, but not limited to, use in publications, video and audio productions, advertising and promotional materials, website, internet, or social media. I release AA, its staff, teachers, and any representatives from all liability that may arise in connection with such use. I am the parent or legal guardian of the child named below and have the legal authority to execute this consent and release.

Parent/Guardian Signature

Date