

Saint Augustine & Saint Monica Coptic Orthodox Church
Warren & Summit, New Jersey
Consent & Medical Waiver

Activity _____

Name of Participant (please print) _____

Parent(s) and/or legal guardian(s) (if participant is a minor) _____

Address _____

Home Phone (_____) _____ Parent's Cell (_____) _____

Child Participant's Cell (_____) _____ Birth Date _____ Academic Grade _____

Child Participant's Email _____ Parent Email _____

Functions and Activities

It is my understanding that participating in the various programs and recreational activities, including, but not limited to the activity listed above, of SAINT AUGUSTINE & SAINT MONICA COPTIC ORTHODOX CHURCH is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Consent & Medical Waiver Form, I expressly warrant that the participant named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks associated with participation in the activities, whether such risks are known or unknown to me at this time. I further release SAINT AUGUSTINE & SAINT MONICA COPTIC ORTHODOX CHURCH and/or its clergy, leaders, employees, volunteers, and agents from any claim that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against SAINT AUGUSTINE & SAINT MONICA COPTIC ORTHODOX CHURCH and/or its clergy, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless SAINT AUGUSTINE & SAINT MONICA COPTIC ORTHODOX CHURCH and/or its clergy, leaders, employees, volunteers, or agents from and against any and all claims arising from my or my child's participation in its activities and programs, or as a result of injury or illness to myself or my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the participant named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of SAINT AUGUSTINE & SAINT MONICA COPTIC ORTHODOX CHURCH to seek and secure any needed medical attention or treatment for the participant named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. Every effort will be made to contact the parents or guardians, if applicable, immediately.

For Use Only if the Participant is a Minor

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Consent & Medical Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of SAINT AUGUSTINE & SAINT MONICA COPTIC ORTHODOX CHURCH, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of SAINT AUGUSTINE & SAINT MONICA COPTIC ORTHODOX CHURCH, I hereby consent to the Consent & Medical Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Consent & Medical Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Participant / Parent or Legal Guardian _____ Date _____