



MEDICAL RELEASE AND WAIVER OF LIABILITY FOR MEMBERS/VISITORS/GUEST FOR CLASSES and/or FIELD TRIP ATTENDEES Relying On Christ Homeschool Co-op Inc.

Name of Parents: \_\_\_\_\_

Parents Mom Cell #: \_\_\_\_\_ Dad: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address of Parents: \_\_\_\_\_

Name of Caretaker: \_\_\_\_\_

Caretaker Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Name of Children and Ages:

Please list any allergies:

Child \_\_\_\_\_ Allergy: \_\_\_\_\_

Child \_\_\_\_\_ Allergy: \_\_\_\_\_

Child \_\_\_\_\_ Allergy: \_\_\_\_\_

Child \_\_\_\_\_ Allergy: \_\_\_\_\_

I hereby release forever discharge and agree to hold harmless R.O.C. Homeschool Co-op ~ Relying on Christ, Inc. and its directors, instructors and volunteers, 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 parent or "caretaker" and the below named child(ren) that occur during any activity related to R.O.C. both during the enrichment classes and/or field trips associated with R.O.C. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage, expense, and attorney's fees, as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnified the above mentioned St. Peters Lutheran Church and R.O.C. Homeschool Co-op ~ Relying On Christ, Inc. its directors, employees and volunteers for any liability sustained by said organization(s) as the result of the negligent, willful, or intentional act of the below child(ren), parents or instructor including expenses, attorney fees and costs incurred attendant hereto. Caretaker is hereby defined as any person who has been assigned by the child(ren) parent to take their child(ren) to a fieldtrip, class, or stay present during R.O.C. classes while the parent is absent.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature/Caretaker Signature

\_\_\_\_\_  
Parent Name Printed/Caretaker Name Printed

(A photocopy of this authorization is equally valid.)

In order to avoid delay in treatment, I authorize the adult leader of the R.O.C. activity to act for me in obtaining medical care for the above-mentioned child. This authority includes any and all treatment

(complete other side)



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deemed medically necessary by the physician including—but not limited to—surgery and/or blood transfusions. I hereby release any doctor, hospital, or health care provider, St. Peters Lutheran Church, as well as R.O.C. and its members of any and all liability arising out of instituting medical care pursuant to this authorization. The authorization granted herein and release of liability given herein shall continue until such time for a period of one year from date.

Insurance: \_\_\_\_\_ Customer Care Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Group #: \_\_\_\_\_

Physician's Name and Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

R.O.C. MEMBERS are required to sign this form even if you do not have insurance. Important! If you choose to not submit this form, you are required to stay on the premises of any R.O.C. function your child(ren) attend, including field trips and co-ops.

Acknowledgment certificate

STATE OF FLORIDA COUNTY OF \_\_\_\_\_ The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person acknowledging).

(NOTARY SEAL)

\_\_\_\_\_  
(Signature of Notary Public-State of Florida)

\_\_\_\_\_  
(Name of Notary Typed, Printed, or Stamped)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_