Last Name: _____

Player 1: _____Age:____

Player 2: _____Age: ____

Player 3: _____Age:____

Holy Trinity Greek Orthodox Cathedral

Medical Consent/Liability Waiver Form

Child's/Children's Name: _____Date:_____

Address: _____Phone:_____

City: _____State:_____ Zip Code: _____

Parent's Names: _____

Email contact: _____

Mom's Name/Cell Phone: _____

Dad's Name/Cell Phone: _____

Health Insurance Company:_____

Policy Number:_____

Below, please list any **allergies, medical concerns or restrictions** your child may have.

_____

To Whom It May Concern:

I/We, the undersigned, hereby give permission for my/our child to attend and participate in activities sponsored by Holy Trinity Greek Orthodox Cathedral. I understand that youth activities, such as sports, field trips and other activities, carry with them a certain degree of risk. I/We give permission for the use of photography of my/our child on the church website and in church publicity.

I/We authorize an adult, in whose care the child has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the child under the general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I/We shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my/our child to return home due to medical reasons or otherwise, I/We shall assume all transportation costs.

I/We also hereby give permission for my/our child to ride in any vehicle designated by the adult in whose care the child has been entrusted while attending and participating in activities sponsored by Holy Trinity Greek Orthodox Cathedral.

I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE Holy Trinity Greek Orthodox Cathedral, its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the me/us, my/our personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of my/our child in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with Holy Trinity Greek Orthodox Cathedral, without respect to location. I/WE HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost the releasees may incur due to the presence of my/our child in, upon, or about Holy Trinity Greek Orthodox Cathedral premises or in any way observing or using any facilities or equipment of Holy Trinity Greek Orthodox Cathedral or participating in any program affiliated with Holy Trinity Greek Orthodox Cathedral whether caused by the negligence of the releasees or otherwise. I/WE HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while the child is in, about, or upon the premises of Holy Trinity Greek Orthodox Cathedral and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Holy Trinity Greek Orthodox Cathedral.

SIGNATURE(S):

Parent(s)/Guardian(s):_____Date:_____