



# CONSENT AND WAIVER



I give permission for \_\_\_\_\_ (“my child”) to participate in the athletic treatment program offered by All Children’s Hospital, Inc. (the “hospital”) through Indian Rocks Christian School (“the school.”)

### **I hereby understand and agree to the following:**

1. It is my responsibility to consult with my child’s personal physician before beginning a sports program or participating in competitions. I agree that it is my responsibility to provide an accurate health history for my child and to obtain a medical clearance. I will notify the program staff if there are changes to my child’s health.
2. I understand that the certified athletic trainer(s) will be present for the entire session but that medical doctors and other caregivers do not participate in the sessions. In the event of an emergency, the athletic trainer will place a call to 911 and provide initial assessment and emergency measures as available while waiting for EMS. The emergency response team will transport my child to the nearest medical facility for stabilization and care.

I AGREE THAT THE HOSPITAL AND THE SCHOOL CANNOT BE RESPONSIBLE FOR ANY INJURIES OR DAMAGES TO OR BY PARTICIPANTS IN THE PROGRAM. I EXPRESSLY ASSUME THE RISK FOR ANY AND ALL POTENTIAL LOSSES, DAMAGES, COST AND/OR EXPENSES. BY SIGNING BELOW, I AM AGREEING TO RELEASE ALL CHILDREN’S HOSPITAL AND ITS RELATED COMPANIES AND THE SCHOOL FROM ANY LIABILITY FOR ANY INJURIES OR DAMAGES, INCLUDING COSTS OR EXPENSES FROM ACTS OR PASSIVE OR ACTIVE NEGLIGENCE ON THE PART OF THE HOSPITAL OR OTHER PARTICIPANTS.

I agree that this release agreement is intended to be as broad and inclusive as permitted by the laws of the state of Florida and if any portion of the agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.

### **Please sign and date below to indicate that:**

1. You have read and understand the above information.
2. You have discussed any questions with the certified athletic trainer(s) and participating staff.
3. You consent to your child’s participation in the injury prevention program.

This permission and release will remain in effect until revoked in writing. A copy of this form may be treated as a signed original.

**Parent/legal guardian:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Participant’s name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_