



Three Hearts Academy (3H) at St. Catherine Catholic Church (StCCC)

3019 Cayce Lane, Columbia, TN 38401, 931-388-3803

READ CAREFULLY and SIGN BELOW TO INDICATE YOUR AGREEMENT WITH ALL STATEMENTS.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the legally responsible parent or guardian of the below-named *child* (*child* used throughout this document refers to all students you have enrolled at 3H at StCCC listed below), authorize participation of my child in the academic and enrichment school-related activities, including transportation to and from activities. I understand that my child's participation is voluntary, and school-related activities are conducted by 3H at StCCC, volunteers, and staff, including parents of other participating children. I understand that 3H at StCCC is solely responsible for all aspects of school-related activities including selection and supervision of all people conducting activities. I understand and agree that my child's participation in activities necessarily involves the risk of injury and even death from various causes, including but not limited to: physical accidents, falls, illness, collisions, weather-related injuries, playing area, equipment defects, negligence, etc. On behalf of my child my family and I assume these risks.

In consideration of the privilege of my child's participation in school-related activities, and on behalf of my child and me as parent/guardian, I hereby release, hold harmless and indemnify, and covenant not to sue, 3H at StCCC and all 3H and StCCC employees, volunteers, insurers, and other people associated with 3H and/or StCCC (including but not limited to sponsors, parents, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in 3H at StCCC activities, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns.

MEDICAL CONDITIONS

I understand that participation in 3H at StCCC activities may involve reasonable physical activity. I agree that my child is healthy and able to participate in these activities. I understand that 3H at StCCC or its representatives may request health information concerning my child. If 3H at StCCC determines that my child has a physical or mental condition that may affect his/her ability to safely and appropriately participate in school-related activities, 3H at StCCC may determine that my child cannot be permitted to participate. I understand and agree that, while 3H at StCCC desires all children are able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT TO SEEK EMERGENCY MEDICAL TREATMENT

In the event my child(ren) is injured or becomes ill in school-related activities, and if I, the parent or guardian of the below-named child(ren), am not present to make and provide consent for medical decisions, I authorize 3H at StCCC, its adult staff, volunteers, supervisors, and drivers to arrange on my behalf for my child(ren)'s emergency medical care and treatment. In the event I am not available to be contacted, I hereby consent and allow 3H at StCCC staff to contact emergency medical responders to assess, care and treat a medical emergency for my child(ren). I also understand that I am responsible for payment of any medical charges or expenses not covered by my insurance or insurance applicable to my child.

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form. Each responsible parent / guardian must sign.

Parent Signature: _____ Printed Name: _____ Date: _____

Parent Signature: _____ Printed Name: _____ Date: _____

Print Child's Full Name: _____ Date of Birth: _____

Print Child's Full Name: _____ Date of Birth: _____

Print Child's Full Name: _____ Date of Birth: _____

Print Child's Full Name: _____ Date of Birth: _____