



First Baptist Church, Inc.
Foundation Academy of Winter Garden, Inc.
Athletic Participation Consent and Release Form



Child/Student's Name _____ Grade _____ Date of Birth _____

Insurance Company _____ Policy/I.D. _____

I, the undersigned parent(s) or guardian(s), hereby grant consent for my child to participate in
 _____ (the "Activities").

My child may not participate in: _____

Please list any known Medical Conditions:

Telephone number(s) where I may be reached in an emergency:

Business Phones (Father): _____ (Mother): _____

Mobile Phone (Father): _____ (Mother): _____

In the event that we are unable to reach you during an emergency, please list two adult emergency contacts:

Name _____ Phone _____

Name _____ Phone _____

I acknowledge that participation in competitive athletics may result in severe injury, including paralysis, potential mental and/or behavioral issues or death. Knowing these risks, I grant permission for my child to participate in the above listed Activities with full knowledge that said Activity could result in injury.

I UNDERSTAND AND HEREBY KNOWINGLY, FREELY AND VOLUNTARILY AGREE TO ASSUME ANY AND ALL OF THE RISKS WHICH MAY BE ENCOUNTERED DURING, ON, IN CONNECTION WITH, OR IN ANY WAY RELATING TO THE ACTIVITY, INCLUDING, BUT NOT LIMITED TO ANY RELATED ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO, SUCH AS TRAVEL TO AND FROM THE ACTIVITY. I, on behalf of myself, my heirs and assigns, and on behalf of my child named above agree to waive, release and hold harmless First Baptist Church, Inc. and Foundation Academy of Winter Garden, Inc., and their, members, boards, officers, directors, agents, employees, and volunteers (together the "Indemnitees"), from any and all liability, actions, causes of actions, claims, expenses and damages, and losses of any other kind or nature on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future, during, on, in connection with, or in any way relating to the Activity or participation in any other associated activities (including, but not limited to, related activities preliminary and subsequent thereto).

I expressly agree that the terms of this Release are intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance will continue in full legal force and effect.

If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them above. In the event any injury, accident or illness suffered or sustained by my child, while involved with the Activity, I may be reached at the telephone number listed above. I authorize emergency medical treatment for my child should the needs arise for such treatment while my child is under the supervision of Foundation Academy of Winter Garden, Inc. I further authorize the use or disclosure of my child's individually identifiable health information should treatment for illness or injury become necessary. If there are any activities I do not want my child to be involved in, I have listed them above.

The following legal notice is required by Florida Law:

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE INDEMNITEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE INDEMNITEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND FOUNDATION ACADEMY OF WINTER GARDEN, INC. HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND SIGN BELOW VOLUNTARILY, WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, AND INTENDING TO BE LEGALLY BOUND THEREBY.

JURY TRIAL WAIVER: I, ON BEHALF OF MYSELF AND MY CHILD, HEREBY IRREVOCABLY WAIVE ANY RIGHT TO A JURY TRIAL IN ANY LITIGATION ARISING FROM THIS AGREEMENT OR THE MATTERS RELEASED HEREIN.

I agree that in the event we/I pursue litigation or any other legal action impacting my child or my child's participation in the Activity, such action shall be filed exclusively in the state courts of Orange County, Florida.

I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting a written revocation to Foundation Academy of Winter Garden, Inc. By doing so, I understand that my child will no longer be permitted to participate in the above referenced Activity.

I represent that I have full authority to sign this Release on behalf of myself and my child.

Parent Name: _____

Parent Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____