

# TANNER CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH

## ENROLLMENT & PARENT/GUARDIAN CONSENT FORM | WAIVER & RELEASE OF LIABILITY

Child's Name: *(Please print clearly and legibly)* - Please complete 1 form per child

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Name of Parent or Guardian: *(Please print clearly and legibly)*

Parent or Guardian Home Phone: \_\_\_\_\_

Emergency Contact Name & Phone Number:

Parent or Guardian Cell Phone: \_\_\_\_\_

Parent or Guardian Address: *(Please print clearly and legibly)*

Email Address: *(Please print clearly and legibly)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List any special needs for the child, such as allergies (including food allergies or prescription allergies), medical conditions, etc.: \_\_\_\_\_

### To Whom It May Concern:

The undersigned does hereby give permission for \_\_\_\_\_ (child's name) to attend and participate in the activities sponsored by Tanner Chapel African Methodist Episcopal Church.

My child and I are familiar with, and knowingly and voluntarily accept any and all risks associated with the activities sponsored by Tanner Chapel African Methodist Episcopal Church. I acknowledge that my child's participation in these activities is wholly voluntary. I specifically assume all risks and hazards associated with my child's participation in the activities, but not limited to, the risks associated with the COVID-19 or similar type virus. I understand that my child will be associating with staff, volunteers, and other children and may contract COVID-19, and other viruses and diseases, through my child's participation in the activities. Although the children and staff/volunteers will be following Tanner's COVID-19 protocols – mask wearing, social distancing and temperature checks, these precautions may not be adequate to prevent the spread of COVID-19 given, among other things, the relatively long incubation period, and the fact that many infected persons are asymptomatic. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household. I certify that my child is in good health, has no fever, and has no current issues that make it unsafe for my child to participate in activities, which may not have a medical professional on staff. I will notify the church and not send my child to the activity if my child develops a fever or illness or tests positive for COVID-19.

The undersigned does also hereby give permission for the child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the activities sponsored by Tanner Chapel African Methodist Episcopal Church.

The undersigned authorizes an adult in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and/or hospital care, to be rendered to the minor, under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the

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*Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered on location of the office of the said physician or at said hospital.*

*The undersigned shall be liable and agrees 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 the child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.*

*To the fullest extent permitted by law, the undersigned hereby agrees to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind, including serious injury or death, against Tanner Chapel African Methodist Episcopal Church, its insurers, the district's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to my child's participation in activities. Including but not limited to exposure to the COVID-19 virus as we are assuming that risk.*

**Do you have hospital insurance:** Y                       N

**Insurance Company:**

**Policy Number:**

\_\_\_\_\_

\_\_\_\_\_

**Signature of Parent/Guardian:**

**Signature of Person in Charge of Activities/Teacher:**

\_\_\_\_\_

\_\_\_\_\_

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

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