



## St. Matthew's Church & School

### CHORISTER ACTIVITY PARTICIPATION AGREEMENT (MINOR)

The minor child(ren) identified below, by and through his/her/their parent or guardian, hereby request to participate in all chorister activities sponsored by Saint Matthew's Anglican Church d.b.a. St. Matthew's Church & School from the date signed below through **December 31, 2019**. Chorister activities to which this Agreement applies include, but are not limited to all of the following: 1) choral practices at St. Matthews, 2) choral performances at St. Matthews, and 3) choral performances at other locations, including travel to and from the same (collectively the "Activities").

In consideration of St. Matthew's Church's agreement to allow my child(ren) to participate in the Activities, the receipt and sufficiency of which consideration is hereby acknowledged, I, individually, and on behalf of my child(ren) and our respective heirs, executors, administrators, successors, assigns, and personal representatives, agree as follows:

**Assumption of Risk:** I understand that my child(ren)'s participation in the Activities includes certain inherent risks, known and unknown, that cannot be eliminated regardless of the care taken to avoid injuries or losses and which could result in bodily injury, emotional injury, personal injury, illness, disfigurement, permanent disability, death, property damage, and economic loss. Specific risks vary but may include incidents related to travel to and transportation within an urban setting (i.e. accidents and injuries due to driver error, adverse weather conditions, and exposure to theft and other criminal activity); incidents related to physical activities (i.e. sprains, broken bones, cuts, bruises, temporary or permanent disability, and/or death); allergic reactions to food and drink; other unforeseeable physical, mental, and emotional injury; fire or other emergency. I understand and appreciate the risks that are inherent in my child(ren)'s participation in the Activities, including travel to, from, and during the Activities, and that injuries or losses may arise from the negligence of my child(ren) or others, conditions related to travel, or the conditions of the Activities and/or locations at which the Activities take place. Nonetheless, to the fullest extent permitted by law, I agree that my child(ren) may participate in the Activities and I agree that my child(ren) assume(s) any and all risks of injury or harm that may be sustained as a result of his/her/their participation in the Activities.

**Waiver of Liability:** To the fullest extent permitted by law, I agree to release Saint Matthew's Anglican Church d.b.a. St. Matthew's Church & School, and its agents, representatives, governing board, officers, affiliates, subsidiaries, divisions, administrators, directors, employees, independent contractors, leaders, and volunteers (collectively referred to herein as the "Church") from and against all claims and causes of action, for any injury or harm of any kind which may arise from or out of my child(ren)'s participation in the Activities. I agree to hold the Church completely harmless and not liable, and to release the Church from all liability whatsoever, and agree not to sue the Church, on account of or in connection with any claims, losses, demands causes of action, losses, costs, or expenses arising out of or connected in any way with my child(ren)'s participation in the Activities. This release is intended to discharge the Church against any and all liability whatsoever arising out of or connected in any way with the Activities, including travel to, from, and during the Activities, whether that liability is incurred on or off of Church premises, and even if that liability arises out of the negligence or carelessness on the part of the Church.

**Indemnification:** To the fullest extent permitted by law, I agree to immediately defend, indemnify, and hold the Church harmless from and against all claims, demands, causes of action, suits, damages, costs, losses, expenses, and liabilities of every kind and nature arising out of or connected in any way with my child(ren)'s participation in the Activities, including all amounts incurred by the Church for defending any such all claims, suits, damages, costs, losses and expenses, including all attorney's fees and costs incurred. The indemnity

shall apply regardless of any active and/or passive negligent act or omission of the Church other responsible party, or their agents or employees.

**Video/Photo Release:** During the Activities, photographs may be taken and videos may be produced and used for future publicity. Please select ONE of the following by checking the appropriate box below:

- I GIVE** permission for images of my child(ren) captured during the Activities, including but not limited to images captured by video, photo, and digital camera to be used for the purposes of the Church, including in promotional materials and publications and agree to waive any rights of compensation or ownership thereto.
  
- I DO NOT GIVE** permission for images of my child(ren) captured during the Activities, including but not limited to images captured by video, photo, and digital camera to be used for the purposes of the Church.

**Authorization and Consent to Medical Treatment:** By my signature below, I certify that I am the legal parent or guardian of the child(ren) identified below and that my child(ren) are medically fit to participate in the Activities. In the event that my child(ren) is/are injured any time during his/her/their participation in the Activities, I hereby authorize and consent for the Church to administer general first aid treatment for any minor injuries or illnesses my child(ren) may experience. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Church to summon any and all professional emergency personnel to attend, transport, and treat my child(ren), and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the jurisdiction in which such treatment is rendered. I understand that this authorization and consent is given in advance of any specific diagnosis, treatment or hospital care which may become required, but is given to provide authority and power to the Church to render care in the best judgment of the Church upon the advice of any such medical, dental, or emergency personnel. I understand that efforts shall be made obtain my cconsent prior to rendering treatment, but that treatment will not be withheld if I am incapacitated, unavailable, or otherwise unable to provide consent. This authorization is given pursuant to California Family Code section 6910, and authorization is hereby given to any medical, dental, or emergency personnel who have provided treatment to my child(ren), to surrender physical custody of my child(ren) to the Church upon the completion of treatment. I acknowledge and understand that the Church does not provide medical, or dental insurance coverage for my child(ren) in connection with my child(ren)'s participation in the Activities and I agree to assume all responsibility for payment for any treatment my child(ren) may receive.

**IN SIGNING BELOW, I HEREBY ACKNOWLEDGE AND REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE OR OLDER, THAT I HAVE READ THIS ENTIRE DOCUMENT, THAT I UNDERSTAND ITS TERMS AND PROVISIONS, THAT I UNDERSTAND IT AFFECTS MY LEGAL RIGHTS AND THE RIGHTS OF MY CHILD(REN), THAT IT IS A BINDING AGREEMENT, AND THAT I HAVE SIGNED IT KNOWINGLY AND VOLUNTARILY.**

**NUMBER OF MINOR CHILDREN TO WHOM THIS AGREEMENT APPLIES:**

Print Name of Child No. 1

Print Name of Child No. 2

Print Name of Child No. 3

Print Name of Child No. 4

Print Name of Child No. 5

Print Name of Child No. 6

Signature of Legal Parent or Guardian

Date

Print Name of Legal Parent or Guardian



## Activity Participant Information

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Parent/Guardian Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_  Primary?

Work Phone: \_\_\_\_\_  Primary?

Home: \_\_\_\_\_  Primary?

### Emergency Notification:

In an emergency, please notify the following adult contact as an alternate to parent/guardian listed above.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_



## Medical Information

**Please select all that apply:**

- Drug Allergies
- Insect Sting Allergies
- Food Allergies
- Other Allergies
- Hay Fever
- Chronic Asthma
- Epilepsy/Nervous Disorders
- Frequent Colds
- Frequent Stomach Upsets
- Diabetes
- Heart Condition
- Physical Handicap

Comments:

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### Insurance Company

Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_ Authorization

Phone Number (if necessary): \_\_\_\_\_

### Current Medication

Medication Name	Dosage/Frequency	Reason for Medication

