

Grace Covenant Academy Adult Waiver Form

Event _____ Date _____

Name _____ Cell phone # _____

Emergency contact(s): _____

Emergency contact phone # 1 _____ Emergency contact phone # 2 _____

Grace Covenant Academy, a Texas non-profit corporation, is designated by the abbreviation "GCA" throughout this form.

INDEMNITY

• I hereby agree to indemnify and hold harmless GCA and its affiliates, and all of their officers, directors, ministers, teachers, agents, contractors, employees, successors, assigns, and volunteers (collectively, the "Released Parties") from any claims, demands, liabilities, actions, suits, or proceedings arising directly or indirectly out of my participation in the event. I (we) agree to bear all costs including attorneys' fees, litigation costs, expenses, or judgments resulting from any claims or lawsuits filed by anyone for my bodily injury (including, but not limited to, illness, accidents, kidnapping, and detention), property damage, or death, which is alleged to have resulted from my participation in the Event. It is the intention of the parties hereto that I will protect the Released Parties from any liability for bodily injury (including, but not limited to, illness, accidents, kidnapping, and detention), property damage, or death, as a consequence for my participation in the Event, whether or not the bodily injury (including, but not limited to,

illness, accidents, kidnapping, and detention), property damage, or death, is caused by acts or omissions of Released Parties or any third party (including others who may be participating in the Event), or events of any nature that occur during the Event.
• By my signature below, I hereby assume full responsibility for any risk of bodily injury (including, but not limited to illness, accidents, kidnapping, and detention), property damage, or death due to ordinary negligence or Released Parties and the ordinary negligence, gross negligence, or willful misconduct of any third party, including others participating in the event.

PHOTOS/VIDEOS

• I understand that photos and videos of my child may be taken for use in GCA publications that may be accomplished via the internet, and that afterwards GCA will be unable to prevent persons from gaining access to the internet, copying the photographs and video therefrom, and subsequently using, altering or republishing them without my consent.

• I waive any claim of damages against GCA from unconsented-to use, alteration or republication of the aforementioned photographs and video by third parties accessing the internet.

CONSENT TO MEDICAL/DENTAL TREATMENT

• I do hereby give permission and consent to the medical or dental personnel selected by the agents or officials of Grace Covenant Academy to administer x-rays, routine tests and treatment to myself if I am unable to speak for myself.
• I understand that, in the event of an emergency, an attempt will be made to contact my emergency contact the phone numbers listed above.
• In the event I cannot speak for myself in an emergency, I hereby give permission to the medical or dental personnel selected by GCA to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery.
• I also understand that I will be held financially responsible for all medical and transportation expenses incurred by or related to the incident.

This form may be photocopied for school use.

Signature: _____

Date: _____

