

## PARENTAL CONSENT AND RELEASE FORM

### Consent to Participation and Medical Treatment

The undersigned parent(s) or guardian hereby consent to our child/children \_\_\_\_\_

participating in the various activities held at school or away from school for the upcoming school year 20\_\_ - 20\_\_. These include such activities as field trips, athletic events, athletic competition, etc., sponsored by Greater Portland Christian Academy, a ministry of Greater Portland Baptist Church. I/we certify that our child has our permission to participate, including spiritual challenges, guidance, and assistance from personnel providing leadership. We have listed below all of our child's medical conditions that could affect his or her ability to fully participate in all activities, or which could be relevant in case medical treatment is needed. In the event of an emergency, I/we may be reached at the telephone number(s) listed below. If we cannot be reached, we authorize ANY Greater Portland Christian Academy on-duty adult personnel to make emergency medical decisions for our child, at our expense. Our medical insurance information is written below. Any medical provider may rely on this consent to provide medical services to our child at our expense. We have listed below any activities we do not want our child to be involved in.

### Partial Release of Liability

It is our intent that our child's participation will not present any risk of direct financial loss to Greater Portland Baptist Church or to any of its employees, agents or participating adult personnel. Therefore, we hereby release Greater Portland Christian Academy, its employees and agents, and participating adult personnel, from liability for their negligent acts resulting in injury, death, or illness to our child in connection with our child's participation, but only to the extent that the liability of any responsible party is greater than the total amount of insurance in force and available to compensate our child and/or us for a responsible party's liability for our child's injury, death, or illness.

This release is intended to be contractual and not a mere recital. I understand that our acceptance of this partial release is a significant consideration for Greater Portland Baptist Church's willingness to allow our child to participate. WE HAVE CAREFULLY READ THIS RELEASE AND KNOW ITS CONTENTS. WE SIGN THIS RELEASE AS OUR OWN FREE ACT, FULLY UNDERSTANDING THAT IT IS A LEGALLY ENFORCEABLE AGREEMENT.

\_\_\_\_\_  
Father's Name Printed

\_\_\_\_\_  
Mother's Name Printed

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Telephone Number: \_\_\_\_\_

Special Considerations (if any): \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy/Group No.: \_\_\_\_\_

Group Name (if any): \_\_\_\_\_