

CFL SUMMIT: CONSENT AND RELEASE FORM



Name of Student: _____ Birth Date: _____ Age: _____

Parents Phone Numbers

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Other emergency contact

Name _____ Home Phone: _____ Cell Phone: _____

Current Address: _____

City: _____ State: _____ ZIP Code: _____

Insurance Information

Company Name: _____ Policy Number: _____

The undersigned does hereby give permission for my child _____ to participate in the Summit. I have read all policies and guidelines concerning this event. I authorize an adult, in whose care the minor/participant has been entrusted, to consent to any X-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered under the general or special supervision and on the advice of any physician, or dentist, licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the participant pursuant to this authorization.

Should it be necessary for the participant to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned also gives permission for the participant to ride in any vehicle designated by the adult in whose care the participant has been entrusted while attending and participating in activities sponsored by the Summit, Course for Life, and Blevins Enterprises.

The undersigned also gives permission for photographs to be taken of student activities and participation during the Summit. These photographs may be used for promotion of Course for Life and the Summit.

Printed name of the undersigned _____

Signature _____ Date _____

Please list any allergies to known products or medications:

CFL Summit Participation Waiver

In consideration for being permitted to participate in the SUMMIT with Course for Life, _____, hereby agree as follows:

1. I hereby **RELEASE AND DISCHARGE (Initial here _____)** Course for Life, its officers and members, Ronald Blevins and Cynthia Blevins, its owners, agents, and employees, from any and all liability, claims, demands or causes of action that I may hereafter have for injuries and damages arising out of my participation in the SUMMIT, including but not limited to losses **CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES (Initial here _____)**.

2. I further agree that **I WILL NOT SUE OR MAKE A CLAIM** against the Released Parties for damages or other losses sustained as a result of my participation in SUMMIT activities **(Initial here _____)**. I also agree to **INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS** from all claims, judgments and costs, including attorney's fees, incurred in connection with any action brought as a result of my participation in SUMMIT activities **(Initial here _____)**.

3. In understand and acknowledge that the SUMMIT activities have inherent dangers that no amount of care, caution, instruction, or expertise can eliminate and **EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN SUMMIT ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASE PARTIES (Initial here _____)**.

4. I have been advised and recognize that SUMMIT activities are not covered by any personal accident or general liability insurance policy issued to the Released Parties **(Initial here _____)**.

5. I hereby expressly recognize that this agreement and Release of Liability is a contract pursuant to which I have released any and all claims against the Released Parties resulting from my participation in SUMMIT activities including any and all claims caused by the negligence of the Released Parties **(Initial here _____)**.

6. Releaser expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of Texas and that, if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect **(Initial here _____)**.

7. Releaser releases all officials and professional personnel from any claim whatsoever on account of first aid, treatment or service rendered releaser during participation in any of the above mentioned activities **(Initial here _____)**.

8. This release contains the entire agreement between parties to this agreement and the terms of this release are contractual and not a mere recital **(Initial here _____)**. ***I HAVE READ THIS AGREEMENT AND RELEASE OF LIABILITY. I FULLY UNDERSTAND ITS CONTENTS AND MEANING, AND SIGN IT OF MY OWN FREE WILL.***

Dated _____ Signature _____