

Medical Authorization and Release Form

AGAPE Christian Homeschool Organization members and its teachers as well as the host facility, St. Elizabeth Ann Seton Catholic Church, shall not be held liable for any injury, personal injury, damage, loss or accident which may occur as a result of my child's participation in any event, class, or activity associated with, held by or sponsored by AGAPE and/or St. Elizabeth Ann Seton Catholic Church. We understand that AGAPE and St. Elizabeth Ann Seton Catholic Church are not responsible for injury or medical conditions while my/our child(ren) are involved with activities or events offered by the host facility and AGAPE.

I/we authorize any person associated with the AGAPE Organization and/or St. Elizabeth Ann Seton Catholic Church to obtain emergency medical care as deemed appropriate at the discretion of the host facility and AGAPE in the event a parent or guardian cannot be reached in a timely manner. I/we release AGAPE Christian Homeschool Organization and St. Elizabeth Ann Seton Catholic Church and all persons associated with them in any manner of all liability in obtaining or declining to obtain emergency medical care for my/our child.

Signature of Parent of Guardian

Date

Do you currently have medical insurance? _____yes_____no