CATHEDRAL Cathedral Academy CATHEDRAL preschool

I, _____, plan to attend and/or participate in the _____

_____*(ACTIVITY)* on _____*(DATE)* sponsored or

organized by *(CHECK ONE)*: ❑ Cathedral of Praise, Inc. ❑ Cathedral Academy, Inc. ❑ Cathedral Preschool, Inc.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death in connection with my participation in this activity. I understand and agree that neither the above sponsor or organizer, nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this activity and hereby release the above sponsor or organizer, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the activity. To the fullest extent permitted by law, I agree to save and hold harmless the above sponsor or organizer, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the activity.

I authorize the above sponsor or organizer through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in this activity.

I understand and acknowledge that the above sponsor or organizer does not provide health or medical insurance in connection with the activity and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the activity.

Full Name: _____ Date of Birth: _____

Address: _____

Social Security # _____ Home Phone: _____

List any medical exemptions (allergies, blood transfusion, etc.) you have: _____

_____

List any significant health problems (asthma, diabetes, epilepsy, etc.), surgeries or hospitalizations: _____

_____

Are you currently under a physician's care for any illness? ❑ YES ❑ NO If yes, please specify:

_____

Date of last tetanus shot: _____

I AM CURRENTLY TAKING THE FOLLOWING MEDICINE PRESCRIBED BY A DOCTOR:

Name of medicine: _____

Dosage: _____

Physician's Name and Phone Number: _____

Family Health and Accident Insurance Carrier: _____

Policy Number: _____

Name of Policyholder: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Day/Evening Number(s): _____

Signature of Participant _____ ***Date*** _____