## **Jacksonville Deaf Bible Church**

1815 W. Lafayette Dr. Jacksonville, IL 62650

423-903-8501

**Deaf Volleyball Tournament Consent and Release Form**

for an activity held at or sponsored by **Jacksonville Deaf Bible Church**

**CONSENT**

(Required if participant is 17 years old or younger)

### I, the undersigned parent or guardian, hereby consent to my child(ren), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(List all children participating)

participating in the above stated activity. I certify that my child is able to participate in these activities. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number(s) listed below. If I cannot be reached, I hereby authorize an adult sponsor to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

**RELEASE**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO, SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY**. I do hereby agree to hold ***Jacksonville Deaf Bible Church*** and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to me, my child or property, even injury resulting in death, which I or my child now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT**. This is a legally binding agreement which I have read and understand.

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Signature of Participant (if 18 years old and over), or Date

Parent/Guardian

(\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Code Phone # Area Code Alternate Phone #

Medical conditions to be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do not wish my child to participate in the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_