

I am the parent or legal guardian of the child named below and give my permission for him/her to participate in the Ellis Fencing Club located at the Charles Ellis Montessori Academy. I understand my child may need appropriate clothing or supplies. For and in consideration of the Ellis Fencing Club allowing my child \_\_\_\_\_ to attend and participate, I hereby consent and agree to the following:

**CONSENT OF TREATMENT** In the event that my child should, for any reason require any medical or surgical treatment and/or medication during the course of his/her attendance or participation in the Fencing Club facility, I authorize such physicians or medical staff as the organizers of this activity may appoint or designate to carry out the necessary treatment, or to take my child/ward to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatments deemed necessary by them for the well being of my child/ward. It is understood, however, that if hospitalization or treatment of a more serious nature is required, I will be contacted, if at all possible by telephone for permission. \_\_\_\_\_ Initial

**LIABILITY** I covenant that I have taken such measures as I have deemed advisable to ascertain that my child's physical condition is suitable for the program (including a doctor's physical, if appropriate). I also confirm that my child is covered by a medical insurance policy and that I will either pay any medical bills arising out of an injury suffered by my child during the program or make a claim for our medical insurance to pay same and that neither I nor my child/ward will seek to hold the Charles Ellis Montessori Academy, Fencing Club facility nor the above entities; directors, employees, volunteers, and agents liable for medical expenses. In consideration of the Charles Ellis Montessori Academy, allowing my child to participate in the program, I hereby forever release, discharge and hold harmless the Charles Ellis Montessori Academy, staff and volunteers associated with the Fencing Club facility from any and all claims, demands, damages, lawsuits, expenses or charges [of] whatsoever kind which may hereafter accrue or result from any injuries whatsoever, from our participation or our child's participation in the Charles Ellis Montessori Academy, Fencing Club facility. \_\_\_\_\_ Initial

**INFORMATION RELEASE** I give consent to my child's school district/agency to release to the Fencing Club facility the following information concerning my child: child's age, exceptional/special needs, and child's special restriction limitations. I understand this information will only be used by the Fencing Club facility staff to plan appropriate activities for the Fencing Club facility. \_\_\_\_\_ Initial

This signature applies to all of the above:

Signed \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_