

FOGSDA's Parent's Night Out
Participation Agreement, Waiver and Release

Event: **Friends of GSDA Parent's Night Out**
Thursday, December 8, 2011, 5-9 p.m.

Location: **Greater San Diego Academy**
1645 Capalina Road, Suite 600
San Marcos, CA 92069
760-752-7100

Name of Participant: _____

Name of Participant: _____

Name of Participant: _____

intends to participate in the above-described activity. I acknowledge that my son/daughter's participation in this activity is not required by Greater San Diego Academy or any teacher or employee of Greater San Diego Academy and is voluntary. Greater San Diego Academy has not provided or approved transportation to or from this activity. All participants are expected to secure their own transportation to and from the activity. I hereby waive, release and discharge Greater San Diego Academy from any and all claims for damages or personal injury, death, or property damage which my child may incur, or which may hereafter occur as a result of my child's participation in the activity. It is understood that the activity will be monitored by certificated educators and that safety will be of the utmost concern, but that the activity may involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS RELEASE OF LIABILITY IS A CONTRACT BETWEEN MYSELF AND GREATER SAN DIEGO ACADEMY AND FRIENDS OF GREATER SAN DIEGO ACADEMY.

By signing below, I represent that I have the authority to sign this form on behalf of any minor(s) listed above.

Relationship to minor(s)

Parent/Guardian Signature

Name (Printed)

Date: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

MEDICAL EMERGENCY PERMISSION FORM

In the event of emergency or medical need, I give permission for medical treatment. I have provided a signed doctor's authorization to provide medication to my child. I release the following information about my child:

Name of Participant: _____

A. Physical problems or limitations _____

B. Current Medication(s) _____

C. Allergies (include food and drug) _____

D. Name and phone # of physician _____

E. Name and phone # where I may be reached _____

F. The above named student is covered by medial/liability insurance _____

I HAVE READ AND UNDERSTAND THIS PERMISSION FORM AND UNDERSTAND THAT THE GREATER SAN DIEGO ACADEMY AND FRIENDS OF GREATER SAN DIEGO ACADEMY IS RELEASED FROM LIABILITY AS A RESULT OF ANY INJURY OR DAMAGES FROM MY CHILD'S PARTICIPATION IN THE PARENT'S NIGHT OUT. I ALSO UNDERSTAND THAT IN THE EVENT OF EMERGENCY OR MEDICAL NEED, I HAVE GIVEN MY PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE.

By signing below, I represent that I have the authority to sign this form on behalf of any minor(s) listed above.

Relationship to minor(s)

Parent/Guardian Signature

Name (Printed)

Date: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____