

**SONSHINE CHRISTIAN ACADEMY
CALLAHAN, FLORIDA**

MINISTRY ACTIVITY CONSENT AND RELEASE FORM

I the undersigned parent or guardian, hereby consent to my child, _____,
participating in the below listed events sponsored by Sonshine Christian Academy Summer Camp.

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| Tuesday, June 15 | YMCA Swimming |
| Wednesday, June 16 | TNT Gymnastics and Park |
| Thursday, June 17 | YMCA Swimming |
| Tuesday, June 22 | YMCA Swimming |
| Thursday, June 24 | YMCA Swimming |
| Friday, June 25 | Spinners Pizza and Park |
| Tuesday, June 29 | YMCA Swimming |
| Wednesday, June 30 | St. Mary's Aquatic Center |
| Thursday, July 1 | YMCA Swimming |
| Tuesday, July 6 | YMCA Swimming |
| Wednesday, July 7 | Hilliard Library and Park |
| Thursday, July 8 | YMCA Swimming |
| Thursday, July 13 | YMCA Swimming |
| Wednesday, July 14 | Peterbrooke Chocolate and Kids Campus Park |
| Thursday, July 15 | YMCA Swimming |
| Tuesday, July 20 | YMCA Swimming |
| Wednesday, July 21 | Hilliard Gym and Park |
| Thursday, July 22 | YMCA Swimming |
| Tuesday, July 27 | YMCA Swimming |
| Wednesday, July 28 | Conner's A-Mazing Acres |
| Thursday, July 29 | YMCA Swimming |
| Tuesday, August 3 | YMCA Swimming |
| Wednesday, August 4 | Regal Cinema and Park |
| Thursday, August 5 | YMCA Swimming |
| Tuesday, August 10 | YMCA Swimming |
| Thursday, August 12 | YMCA Swimming |
| Various Times throughout summer | Ewing Park and Callahan Library |

All listed trips are subject to change for reason beyond our control. I certify that my child is able to participate in these activities. If my child has medical conditions that 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 listed below. If I cannot be reached, I hereby authorize SCA Staff 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.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO, INCLUDING TRANSPORTATION TO AND FROM THIS EVENT. In consideration for my child being permitted to participate in the activity, I do hereby agree to hold the School, and its agents, employees, and volunteers harmless from, and to indemnify for, any and all liability, actions, causes of actions, claims, expenses, including attorneys fees, and damages on account of injury to my child, even injury resulting in death, which I now have or which may arise in the future in connection with my child's participation in the activity and any other associated activities. I further agree to hold the School, and its agents, employees, and volunteers harmless from, and to indemnify for, any and all liability, actions, causes of actions, claims, expenses, including attorneys fees, and damages on

THIS FORM HAS TWO (2) SIDES, BOTH SIDES MUST BE COMPLETED

account of injury to a Third Party or his property which may arise in the future in connection my child's participation in the activity and 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 Florida** 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 a 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 that I have read and understand.

Summer Camper Name

Parent or Guardian

Date

Parent or Guardian

Date

MEDICAL CONDITIONS TO BE AWARE OF:

TELEPHONE NUMBERS WHERE I MAY BE REACHED IN AN EMERGENCY:

I DO NOT WISH MY CHILD TO PARTICIPATE IN THE FOLLOWING:

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