



## SPARK Participation Agreement LIABILITY RELEASE FORM - Release of All Claims

In consideration for the opportunity for my child, \_\_\_\_\_, to participate in SPARK, I acknowledge and accept the risks of injury associated with participation. I accept personal financial responsibility for any injury or other loss sustained during the activity, as well as for any medical treatment rendered to my child that is authorized by the SPARK director, employees and/or volunteers. Further, I release and promise to indemnify, defend, and hold harmless SPARK staff for any injury arising directly or indirectly out of participation in SPARK activities. Further, consent is hereby given to take my child to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, if medical conditions, needs, and/or restrictions change, I acknowledge my responsibility to notify Manor Church Preschool of the changes.

Medical insurance Carrier \_\_\_\_\_

Policy or group number \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_