North Valley Baptist Schools

I (we) the undersigned parent(s) or guardian(s), hereby give consent to my child, _____who is ____ years of age, to participate in the following activity (please write event title)_____.
I hereby acknowledge that my child is physically fit and mentally capable of participating in all activities. If my child has medical condition(s) that may be relevant to a physician in the event of an emergency, I have listed them below. If I cannot be reached within a reasonable period of time, as determined by school officials, I hereby authorize the school or the adult sponsor in any emergency medical decisions for my child. If there are any activities that 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 ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge North Valley Baptist School and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations, and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activity or in any other associated activities including, but not limited to, any injury to my child or property, even injury resulting in death.

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 California, and that if any portion hereof 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.

I further state that **I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** I understand that this is a legally binding agreement.

Medical conditions to be aware of:_____

Physical restrictions:_____

Instructions and medications:_____

Date of last tetanus or booster:_____

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

_____

_____

_____

_____
Parent or Guardian Date

_____
Parent or Guardian Date

Telephone numbers where I may be reached in an emergency:_____

NORTH VALLEY BAPTIST SCHOOLS
941 CLYDE AVENUE SANTA CLARA CA, 95054• (408) 988-8883
Dr. Jack Trieber, Pastor
Mr. Chris Fanara, Principal