

OLIVE GROVE ACADEMY

AUTHORIZATION TO PLAY, MEDICAL RELEASE, AND WAIVER FORM

With the signature(s) below, permission is hereby granted for _____ (participant) to participate in all outdoor play, games and other activities involving Olive Grove Academy. This permission extends to any travel to and from any and all field trips, nature walks and other activities sponsored and arranged by Olive Grove Academy. I understand that without this permission, my child will not be able to participate in outdoor play activities organized by Olive Grove Academy.

This permission is granted without reservation. Recognizing the risks presented by outdoor play, the signature below indicates a knowing, voluntary release of any claim which might be asserted against Olive Grove Academy, its staff, service providers, volunteers, designated drivers, and any other agents representing Olive Grove Academy. By waiving any right to assert a claim, I am agreeing to release, absolve, indemnify and hold harmless any and all parties previously mentioned for any and all liability arising from any injuries incurred by participant in Olive Grove Academy. My waiver expressly means that I, participant's legal parent or legal guardian, accept and assume all risks and hazards inherent in and related to the activities of Olive Grove Academy, including any travel to and from any activities sponsored and arranged by Olive Grove Academy.

This permission also includes my authorization for emergency medical treatment deemed appropriate and necessary by any facilitator, staff or representative or agent thereof for participant, including transport to the nearest medical facility adequate to treat the emergency. Participant has the following medical condition(s):

Allergies (food, insects, drugs, latex)	Diabetes
Allergies (seasonal)	Head injury, concussions
Asthma or breathing problems	Hearing problems or deafness
Attention-Deficit/Hyperactivity Disorder	Heart, Lung, or Liver problems
Behavioral problems	Lead poisoning
Developmental problems	Muscle or movement problems
Bladder or bowel problem	Seizures
Bleeding problem	Sickle Cell Disease (not trait)
Mental health concern (insomnia, anorexia, depression, etc.)	Speech problems
Cerebral Palsy	Spinal injury
Cystic fibrosis	Vision problems

Legal Guardian's name

Phone

Alternate Contact

Legal Guardian's name

Phone

Alternate Contact

Emergency Contact Name

Phone

Alternate Contact

Participant's Health Insurance Number

I have read this authorization to play, medical release and waiver, acknowledge that I understand it and agree to be bound by it.

Dated _____ Parent/Guardian Signature _____