

**CHURCH OF THE GOOD SHEPHERD POOL**  
1100 Stockton Road \* Jacksonville, FL 32204 \* 904-387-4298

**Child General Release and Waiver**

**I, hereby indemnify, release, hold harmless, and forever discharge** the Episcopal Church of the Good Shepherd and its employees, and any contracts of employees, of and from any and all claims, demands, expenses, debts, contracts, cause of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equality, that I ever had or may have, arising from or in any way related to my participation in any activities conducted by, or on the premises of Good Shepherd Pool. However, this waiver of liability does not apply to any act of gross negligence, or intentional, willful or wanton misconduct.

This Authorization and Waiver is binding upon heirs, my executors, legal representatives, and successors. This waiver of liability contains the entire agreement between the parties, any prior written and/or oral agreements. The provisions of this Authorization and Waiver will continue in full force and effect even after the termination of the Program conducted by, the premises of, or for the benefit of the organization, whether by agreement, by operation of law, or otherwise. The provisions of this waiver of liability may be waived, altered or amended or repealed, in whole or in part, only upon the prior written consent of all parties.

**I am of lawful age and legally competent to sign this Authorization and Waiver and Registration Form. I understand the terms of this Authorization and Waiver and Registration Form, and I have willingly signed it at my own free act.**

**In the event that I cannot be reached, I authorize and direct any adult activities sponsor or group leader representing the Episcopal Church of the Good Shepherd to make emergency medical decisions for myself.**

**Signature: Parent/Guardian:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Prohibited Activities:** As a result of medical conditions or for any other reasons, I do not want to engage in any of the following activities (describe specifically).

Please list any important information we should know pertaining to you (describe specifically).

Signature: Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: Membership Type: WI 10-D IM IQ ISA FM FQ FSA Group _____ Check #: _____ Cash Credit Access Card #: _____
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