SAINT DEMETRIOS GREEK ORTHODOX CHURCH, FORT LAUDEREDALE, FL
INDIVIDUAL PERMISSION/PARTICIPATION FORM & INSURANCE WAIVER

_____ _____ _____/_____/_____ M / F
Participant's Name Age Date of Birth Gender

_____ _____ _____ _____
Participant's Address City State Zip Code

_____ _____ _____
Home Phone Mobile Phone Email Address

_____ _____
St. Demetrios Organization St. Demetrios Organization Contact Person Name/Phone #

_____ _____/_____/_____
Name of Activity and Brief Description Activity Date

_____ _____ _____ _____
Activity Address City State Zip Code

I, _____ (Circle One: Participant, Parent, Guardian) hereby give my consent and approval for (*Circle One: my, his, her*) participation in the above activity (hereafter referred to as "said activity/ activities"). In consideration of (*Circle One: my, my child's*) acceptance in said activities, I, the undersigned, do hereby agree to indemnify and hold harmless Saint Demetrios Greek Orthodox Church of Ft. Lauderdale, FL and the host communities, their clergy, EYCC, DAC, directors, officers, coaches and agents, without regard to any negligence on their part, against any claim for damages, compensation or otherwise including all losses and expenses caused to or by (*Circle One: myself, my child*) while participating in said activity/activities.

I consent and give authority to obtain medical care and treatment for any and all injuries sustained as a result of participation in said activity/activities (*initial*) _____.

I agree and will comply with the Church's CODE OF CONDUCT (*initial*) _____.

Health Insurance: _____

Policy Number: _____

Drug/Food/Insect Allergies: _____

_____ _____
Date Signature (Parent/Guardian for minor under age 18)

_____
Name Printed