

Family Consent and Activity Release Form

⊕ (1) Complete Form, (2) Read and Initial Paragraphs, and (3) Sign.

Last Name _____ Father's Name _____ Mother's Name _____

Consent

_____ Initial
I consent for myself and any child listed below to participate in any activity sponsored by The Bridge Sarasota or any division thereof, which activities include but are not limited to running, jumping, tumbling and other activities related to recreational or competitive sports activities. These activities are sponsored by The Bridge Academy Classes or any division thereof including and held at Bible Baptist Church. I understand that these activities and the facilities where they are conducted involve some inherent risks. Nevertheless, I want myself (and any listed child) to have the opportunity to participate in the activities sponsored The Bridge Academy Classes, and this Activity Release is given in exchange for that opportunity.

_____ Initial
I, individually, and in my capacity as parent, guardian, or next friend of any listed child, waive, release, indemnify, and promise not to sue The Bridge Sarasota or Bible Baptist Church and all of its constituent organizations, agents, ministers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, **including the released parties' own negligence**, that have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage, loss, or injury to me, my spouse, any listed child, my property, my spouse's property, or the property of any listed child. **I fully assume the risks associated with participating in this activity.** This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct, gross negligence, or intentional acts.

_____ Initial
In case of medical need or injury, I understand that The Bridge Sarasota will make every reasonable effort to contact me (in the case of an injury to my child) or my emergency contact. In the event that I, or my emergency backup contact, cannot be reached, I authorize The Bridge Sarasota to arrange for medical services for me or for any listed child. I will be responsible for any medical and related expenses for me or such child. **Any provider of care can rely on this Consent as authority to treat me or such child as appropriate and to bill me directly for the costs thereof. I agree that I am responsible for communicating any relevant medical conditions pertaining to me or such child to The Bridge Academy Classes using the Family Emergency Information Form.**

_____ Initial
I understand that The Bridge Sarasota may take photographs of me or a listed child in the course of its activities, and I grant The Bridge Sarasota permission to publish such photographs in a manner The Bridge Academy Classes deems appropriate. To revoke this agreement, I must notify the Bridge Administrator in writing in advance of the event.

Statement of Belief

_____ Initial
I understand that The Bridge's Statement of Belief, as found in the Family Handbook, may be taught through The Bridge Academy Classes program, and I am comfortable with my child(ren) receiving this instruction.

Family Handbook

_____ Initial
I understand that I am responsible for reading and understanding all information in The Bridge Academy Classes Family Handbook, and I have/will instruct(ed) my child(ren) in the appropriate behavior.

Financial Agreement

_____ Initial
I understand that I am personally responsible for all balances due, regardless of funding sources, at the time of registration. Students will be allowed to make class changes by 2:00 pm in person at THE BRIDGE through the end of the first two weeks of each semester. **After two weeks no refund will be issued for withdrawal from class.** All balances include class fees that are due to teachers each semester.

_____ Initial
I understand that the \$25 Registration Fees per student and the \$10 Technology Fees per family are **non-refundable** as are all course fees after the first two weeks of each semester

Grievance Procedure

_____ Initial
I understand that The Bridge Academy Classes follow the Matthew 18 principles for resolving conflict. I will respect the confidentiality of all those involved in any conflict and will refrain from discussing issues with others.

_____ Parent's or Guardian's Signature

_____ Date