

Hands in Motion Emergency Contact

Authorization and Medical Release Form

Child's Name _____

Parent's Name _____ Emergency Phone _____

Email Address _____

Home Address: _____

Another Emergency

Contact _____

Name/ Relation

Phone

PERSONAL HEALTH INSURANCE

COMPANY _____ POLICY NO. _____

This is to certify that my above-named son/daughter has my permission to participate in the classes taught by Hands in Motion in Roseville, California. I understand that activities involving gatherings carry health-related risks that can be minimized but not eliminated. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; By enrolling I assume this responsibility. Understanding that all due care for the health and safety of all participants will be exercised, I will hold neither Chris or Jennifer Androkitis, Hands in Motion, nor the business of location, nor any of its supervisors responsible for any injury, accident or illness that may occur. I also hereby empower the adult leaders of this activity to secure the services of properly qualified medical personnel and to authorize the performance of any necessary medical or surgical procedures in the event of accident or illness, with the understanding that every effort will be made to contact me before such action is taken. I also will assume all financial and legal responsibility involved. By enrolling in classes I release Hands in Motion to use photographs and/or video of my student for advertisement and lawful purposes.

I understand if I have enrolled in Jr. **Carpentry/ Builder/ and/or Engines** my child will be working with tools in this class (including but not limited to: hammer, screwdriver, cordless drill, pliers, wrench, hand held saw), and I give him/her permission to participate.

I understand if I have enrolled in **Nerf/PE/Gym/Spikeball/and/or Tennis** my child will be involved in physical activity. My child is in good health with no physical restrictions. I understand he/she will be using Nerf guns and/or Arrow Tag equipment and their ammo. While all attempts are made to provide a safe environment, there is a chance for injury.

Signature

Relationship

Date

Does your child have any special educational or medical needs that we should be aware of? NO___ YES___ If yes, please list on the back of this paper.