

FORT WORTH COUNTRY DAY SCHOOL
4200 Country Day Lane • Fort Worth, TX 76109-4299
Liability Release

Student Name _____

1. Authorization is hereby granted, by the undersigned, to Fort Worth Country Day School (the "School"), its representatives or its agents, (hereinafter collectively referred to as "Fort Worth Country Day School") under any circumstances considered to be an emergency by Fort Worth Country Day School to transport the above-named student to any hospital, clinic or physician's office and to agree to and sign for any emergency medical treatment deemed necessary. The undersigned further agrees to pay for all medical expenses associated with such emergency medical treatment and further releases from liability and agrees to hold harmless Fort Worth Country Day School from any and all suits, claims, causes of action or demands of any kind or character whatsoever arising out of any damage, injury or death occasioned at Fort Worth Country Day School, or activities under its supervision, and during travel to and from any such activities or emergency medical treatment as authorized under this release or at the hospital, clinic or physician's office during treatment.

2. This authorization includes the administration of such anesthetics, transfusions, intravenous medications, oral medications and the performance of such diagnostic studies including x-ray examinations and operative (surgical) procedures as advised by a duly licensed surgeon or physician chosen by Fort Worth Country Day School if it is impossible to contact physicians listed in this document or if they are unavailable for consultation.

3. I hereby give my consent for the above-named student to participate in Enrichment Programs at FWCDs sports or activities (including without limitation, collision sports), and travel with the coach or other representative of the school on any trips.

4. I have set out below any special concerns that I have regarding athletic participation or any activities in which I would like to limit the above-named student.

5. The undersigned further acknowledges familiarity with the dangers involved to the above-named student in competing in athletic, intramural or other events requiring physical activity. It is understood that even though protective equipment may be worn by the athlete, the possibility of accidents and injuries still remains. The undersigned hereby releases and holds Fort Worth Country Day School harmless and assumes full and complete responsibility for any injury which may occur to the student as a participant or spectator in any such event or activity.

6. I have set out below certain medical conditions of the above-named student that are known to me which may be of importance should the above-named student require medical attention. (Set out below any known medical conditions, such as heart murmurs, allergic reactions to any medications, epilepsy, adverse reactions to certain anesthetics, heart disease, high blood pressure, diabetes, asthma, bleeding or clotting disorders, orthopedic, spinal, or head injuries, heat-related problems, etc.)

CAUTION: THIS IS A RELEASE AND MEDICAL TREATMENT FORM. READ BEFORE SIGNING.

SIGNED this the _____ day of _____, 200_.

Parent, Legal Guardian or Managing Conservator _____

I do hereby certify that this release was executed in my presence and that the party signing this release acknowledged that he/she fully understood its contents and meaning and executed the same as his/her free act and deed and for the sole consideration therein expressed, and in the capacity, if any, therein stated.

Witness (Witness may be the spouse.) _____

9. If such an emergency arises where treatment at a hospital, clinic or physician's office is necessary, please contact the following:
(PLEASE PRINT THE INFORMATION BELOW.)

a) Physician Name _____

Address _____ Phone _____ (____) _____

b) Hospital or Clinic preferred to be used: _____

Address _____ Phone _____ (____) _____

c) Parent(s)/Guardian(s) Name _____

Address (if different than above) _____ Home # _____ (____) _____
Work _____ Other # _____

d) Primary Insurance Coverage- Co. Name _____ Phone _____ (____) _____
Name of Insured Policy No. _____

e) IN CASE OF AN EMERGENCY IN WHICH THE PARENTS CANNOT BE REACHED, PLEASE CALL:

NAME _____ RELATIONSHIP _____ PHONE NUMBER(S) _____

(1) _____ Phone _____ (____) _____

(2) _____ Phone _____ (____) _____