



Grace Community Church Co-op Health Information Form

Note to Parent: GCC wants the Co-op experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information.

Student Information		
Last Name:	First Name:	Middle:
Birth Date:	Sex: Male/Female	Cell Phone:
Home Address:		Home Phone:
Emergency Contact:	Relationship:	Cell Phone:
Home Address:		Home Phone:
My Insurance Company:		Policy Number:
HEALTH HISTORY		
List any major medical condition:		
List any allergies to medications:		
RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK		
<p>As a policy of the GCC Co-op, we require that a Release of Liability Form be signed as a requirement to participate in Co-op activities.</p> <p>I represent that I desire to attend the GCC Co-op and participate in activities sponsored by GCC. In consideration for GCC permitting the students to attend the Co-op and participate in the activities, I have agreed to execute this Release of Liability and Assumption of Risks (the "Release"). I assert the information given on this health form is complete and accurate to the best of my knowledge.</p> <p>I acknowledge that participating in some of the activities sponsored by the Co-op involve certain inherent risks, including the risk of personal injury. I agree I shall assume all such risks, including the risk of serious personal injury. I agree I shall assume all such risks, as well as any other risks involved in any activities sponsored by or involving the GCC Co-op.</p> <p>I also agree to release and discharge GCC and all of its employees, agents, and representatives, as well as all other persons, corporations, or other entities that might have any liability to or me (the "Released Parties"), from and against any and all damages, actions, claims, and liabilities, whether known or unknown, anticipated or unanticipated, suspected or unsuspected, relating to or arising from me and/or my children attending the Co-op or being involved in any activity, occurrence, or event connected to Grace Community Church.</p> <p>This Release is intended to release and discharge the Released Parties from all damages, actions, claims, and liabilities arising from or related to the negligence of the Released Parties. I further agree to indemnify, hold harmless, and defend GCC from and against any loss, damage, liability and expense, including costs and attorney's fees, incurred by GCC that is related to or arise from me and/or my children attending Co-op or being involved in any activity, occurrence, or event connected in any way to GCC.</p> <p>The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction and enforceability thereof. I agree that any lawsuit brought against any Released Party shall be brought solely in the Circuit Court for Baltimore County, Maryland. I hereby voluntarily waive any right I may have to a trial by jury in any action, proceeding or litigation involving any Released Party. I further agree to pay any attorney's fees incurred by GCC if I attempt to contest a validity of this Release.</p> <p>In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Co-op Director to hospitalize, secure proper treatment for, and/or order injections, anesthesia, or surgery for myself and/or my children. If something were to happen to me or my children a doctor selected by the Co-op may treat us for any injury/illness.</p>		
THIS RELEASE IS A BINDING LEGAL CONTRACT, PLEASE READ IT CAREFULLY BEFORE SIGNING		
Signature of Student (if 18 and older)		Date:
If the student is under 18 years of age:		
Signature of parent/guardian:		Date: