



Calvary Church of the Nazarene
HLCC Robotics Program
1801 N Houston Levee Rd, 1851 N Houston Levee Rd. Cordova TN 38016
(843) 754-9424 hlccrobotics@gmail.com

Parental/Legal Guardian Consent Form Signature and Notarization Required

I hereby give consent for _____ to attend various Calvary Church of the Nazarene HLCC Robotics Program Events during the course of the HLCC Robotics Camp. Further, I give my permission for any emergency anesthesia, operation, hospitalization or other treatment that might become necessary, and for monitoring the child's use of prescription medications. I understand that some activities provided by the HLCC Robotics program may be physically and mentally strenuous and may result in injury.

I also give my consent for HLCC Robotics Personnel or official personnel for these events to transport the applicant to and from any HLCC Robotics activity.

In the event that the child or any other child's health, well-being, or safety requires it, I give permission for the HLCC Robotics Personnel to search the child's personal belongings with the child present and at the discretion and under the supervision of the Coaches(s).

I also understand that, for the health and safety of all participants, professional medical personnel may need to be made aware of the conditions listed in this medical form, and that failure to disclose essential information could result in serious harm to the applicant and fellow participants.

The information provided above is a complete and accurate statement of the physical and psychological factors that may affect the child's participation in HLCC Robotics activities. I realize that failure to disclose such information could result in serious harm to the child and fellow participants, and I agree to indemnify and hold the Calvary Church of the Nazarene and HLCC Robotics harmless if all relevant information is not disclosed. I have been assured that the information on this medical form will be retained in confidence unless the child needs medical attention during or as a result of these various HLCC Robotics activities.



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I hereby verify that I have thoroughly reviewed this form and I am not aware of any undisclosed physical or psychological problems or medical conditions that should, in fact, be disclosed, or that would be likely to prohibit the child from participating in these activities. I agree to notify the Calvary Nazarene's HLCC Robotic Program should there be any changes in the health status of the child during the course of the HLCC Robotics Camp.

I agree to assume responsibility for the risks that are involved and hereby release, indemnify and hold the Calvary Church of the Nazarene and HLCC Robotics, together with its Staff and volunteers, harmless for all accidents, injuries or damages whatsoever, unless due to gross negligence.

Parent/Legal Guardian Full Name (printed)

Date

Parent/Legal Guardian Full Name (signature)

Witness signature

Before me, A Notary Public, in and for said County and State/Province this _____ day of _____ 2022, personally appeared _____ and acknowledged execution of the foregoing. In Witness Whereof, I have hereunto set my hand and Notary Seal.
State/Province of: _____ County of: _____

Notary Public Signature: _____

My Commission expiration date: ____/____/____

Notary Seal