



FIRST PRESBYTERIAN CHURCH of Smyrna

Mother's Day Out

540 Sam Ridley Parkway W

Smyrna, TN 37167

615-220-0222

RELEASE AND WAIVER

Child's Name and Age: _____

(Please Print)

I represent that I am the parent or legal guardian of a minor child ("Child"), whom I wish to have participate in the activities sponsored by or supervised by the Mother's Day Out Program ("Program") conducted at the First Presbyterian Church of Smyrna ("Church").

I hereby understand that the Child's participation in the Program can be dangerous, and the dangers may include damage to or destruction of personal property, minor and/or serious physical injury, or other unexpected mishaps. With full knowledge of these hazards and risks, I represent that I am signing and submitting this Release and Waiver voluntarily of my own free will on my behalf and on the behalf of the Child. I warrant that the Child has no physical, mental, and emotional disabilities that will impair his/her ability to participate in the Program. I understand and expressly assume full responsibility for myself and on behalf of the Child for all risks and dangers incident to the Program.

The Program does everything possible to maintain a safe, healthy environment for the children participating in this Program. Program amendments have been made and safety measures taken to address the pandemic mandates and requirements. Regarding peanut and other allergens, the Program strives to make sure the facility is allergen free including but not limited to utilizing the following measures: ensuring the MDO snack does not contain nuts or other known allergens by thoroughly checking the labels of the snacks and attempting to monitor any foods eaten by the children. While the children bring their own lunch and the facility is frequented by other members of the church and used by other outside groups, there is not a way to 100% ensure the facility is allergen free. I, the undersigned, realize every reasonable attempt is made to ensure the facility is allergen free and that sanitizing and disinfecting procedures are in place and followed. Therefore, I voluntarily and understandingly waive any liability on the part of MDO regarding allergens or illness.

As parent or legal guardian of this child, I am responsible for health care decisions and am authorized to consent to the services rendered. I hereby give authorization for the emergency medical treatment of my child. In the event a medical emergency should occur in my absence, I authorize the staff of First Presbyterian Church's Mother's Day Out Program to administer aid and seek treatment. This may include any x-ray, examination, anesthetic or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. I will assume the cost of all medical emergency treatment.

I have received, read, and understand the policies, guidelines, and tuition arrangements as set forth in the First Presbyterian Church's Mother's Day Out Welcome Packet and agree to comply with them.

I have read this Release and Waiver and fully understand its terms and the significance of those terms.

Signature of Parent/Legal Guardian

Date