

**Non-LBA Student Participation Agreement & Emergency Medical Authorization
Shadow Day, Extracurricular, or Other School Activity at Liberty Bible Academy**

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Parent/Legal Guardian Signature: _____ Date: _____

Emergency Medical Authorization

**This form meets the requirement for Ohio Revised Code Section 3313.712*

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Program: Liberty Bible Academy, 4900 Old Irwin Simpson Rd. Mason, OH 45040

Student Name: _____

Address: _____

Phone Number: _____

EMERGENCY CONTACTS:

Mother's Name: _____ Daytime Phone: _____

Father's Name: _____ Daytime Phone: _____

Emergency Contact #1 _____ Daytime Phone: _____

Address: _____

Emergency Contact #2 _____ Daytime Phone: _____

Address: _____

Emergency Contact #3 _____ Daytime Phone: _____

Address: _____

**Emergency contact information is required in accordance with Ohio Administrative Code Rule 3301-37-08 for preschool programs and Rule 3301-32-10 for school aged childcare programs.*

TO GRANT CONSENT: I hereby give consent for the following local hospital and/or medical care provider(s) to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Specialist _____ Phone _____

Local Hospital _____ Emergency Phone _____

(We typically recommend Cincinnati Children's Liberty Campus, Emergency Phone 513-636-3200)

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent/Guardian _____ Date _____

Address of Parent _____

REFUSAL TO CONSENT: If you do NOT give consent for emergency medical treatment of your child, please provide a signed/dated, written statement with your rationale; and, in the event of illness or injury requiring emergency treatment, what actions would you wish the school authorities to take.