



Singing Hills Academy

Legal Waiver & Medical Release Form

The undersigned, being the parent(s) or legal guardian of the following children (must include full legal name of each):

_____, a minor, born _____;
_____, a minor, born _____;
_____, a minor, born _____;
_____, a minor, born _____

LEGAL WAIVER

- I agree prior to participating, I and the minor participant (student), will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise the administrator of such conditions.
- I acknowledge and fully understand that each participant will be engaged in activities that involve risk of injury which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of conduct, or conditions of the premises or any of the equipment used. Further, that there may be risks not known to us or foreseeable at the time. I assume all foregoing risk and accept personal responsibility for the damages following such injury.
- I, intending to be legally bound, do hereby release, waive, discharge and consent not to sue Singing Hills Academy's administrators, employees, tutors or volunteers of the organization, other participants and First Baptist Church of Waterville, MN, all which are herein after referred to as "releases" from any and all liability to each the undersigned, his or hers and next of kin for any claims, demands, losses or damages, on account of injury including death or damage to property, caused or alleged to cause in whole or part by negligence to the release of otherwise in connection with association or entry and/or arising in participation in activities led by Singing Hills Academy.
- I hereby release all members of Singing Hills Academy of any and all liability resulting from medical treatment. I understand if medical attention is necessary and I am not present, Singing Hills Academy has my permission to call an ambulance to transport any family member I have listed above to the nearest medical facility for emergency medical treatment. I am responsible for all expenses incurred.
- I understand that photos/images of my student may appear on future advertisements. My consent is understood to be in effect unless I fill out a "Singing Hills Photo Release Opt Out Form".
- THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, AND UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNS IT VOLUNTARILY.

Parent/ Guardian's Signature: _____

Parent/ Guardian's Printed Name: _____

Date Signed: _____



MEDICAL RELEASE

I (we) request and authorize any physician, associates, assistants, agents and employees thereof, to provide any x-ray, examinations, anesthetic, diagnosis, medical, or surgical treatment, or hospital or clinic service that may be required by said minor in the estimation of such physician, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis or required treatment and is given to encourage said hospital and said physicians to exercise their best judgment as to the requirements of such diagnosis and treatment in those instances when a parent of the minor is unavailable to provide the necessary consent to treatment.

This SPECIFIC AUTHORIZATION is valid from September 3, 2025 to May 13, 2026.

Parent/Guardian's Signature

Daytime Phone Number

Please Print the Following Health Information

Person(s) to contact in case of non-medical emergency when you are not available:

Name _____

Phone _____ Emerg. Phone: _____

Health Insurance Company _____

Contract # _____ Group# _____

Please describe any medical/general information that would be helpful in the care of your child:

Please list any medications and/or allergies that your child may need/has:

Please list any additional medical concerns on the back of this form. Thank you!