Knightdale Police Department Police Athletics/Activities League

Health and Emergency Information

Please Complete and return to the Knightdale Police Department with your application and release/pick up form

Student's Name: _____

Name of Parent/Legal Guardian: _____

Home Phone: _____ Work: _____ Cell/Pager: _____

Name of Physician: _____ Phone: _____

Insurance Company: _____ Policy Number: _____
(***This information is optional***. It would only be given to a health care provider in the event of an emergency.)

Please list all your child's current medical conditions. Describe the limitations that should be placed your child's participation in event activities due to these medical conditions:

RELEASE, COVENANT NOT TO SUE, AND INDEMNITY AGREEMENT

While the Knightdale Police Department makes every attempt to create an enjoyable club experience for all participants, I recognize that event staff may be limited in their ability to meet all the special needs or attend fully to the medical conditions of my child. In the event of a health or medical emergency, I understand that the club staff will only assume responsible for administering emergency first aid, performing CPR, summoning emergency medical care, or facilitating transport to an appropriate medical facility.

By signing this form, I acknowledge all the risks of injury, illness, and death associated with participation in club event activities. I affirm that I assume all responsibility associated with any injury, illness, or death in any way connected with my child's participation in club's event activities. I also agree that my child will follow all rules and procedures that apply to the club's event activities, and that my child will follow the reasonable instructions of the Town staff and other supervisors of the club's event activities.

I agree that I am the parent or legal guardian of the child named above. In return for my child's participation in club event activities, I release, waive, and discharge any legal rights that I may assert on behalf of the child participating in the event activities, including my right to seek payment or relief of any kind from the Town, its employees or its agents for any injury, illness, or death resulting from my child's participation in the club's event activities. Except in cases of negligence, I also agree not to sue the Town, its employees, or its agents and agree to indemnify the Town for all claims, damages, losses, or expenses, including attorney fees, if a suit is filed concerning an injury, illness, or death to my child resulting from participation in the club's event activities.

I have read this document thoroughly and understand that by signing this form I am waiving legal rights.

Signature of Parent / Legal Guardian: _____

Address: _____

Date signed:_____