**Key Club Liability Form**

I,\_(full name-please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent / legal guardian of:

(full name- please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [my child] and have given consent to all of the following:

1. I give consent for my child to attend events that are sponsored by Key Club at Hart High School for the school year of 2013 to 2014.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Parent/Guardian sign to indicate that you have read the above item)**

1. I give consent for my child to attend activities sponsored by organization outside of Hart High School Key Club. I understand that, although information regarding a community service activity was given by the Key Club at Hart High School, the activity may not be a Key Club sponsored activity and a faculty member from Hart High School may not be present at the activity. Transportation to and from the activity, (as well as meals and incidental expenses) will be provided by the student and/or parent. I understand that participation in community service activities outside of those sponsored by the Hart High School Key Club, are not required for Key Club membership. Participation in the activity sponsored by other community service organizations is completely voluntary on the part of my child.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent /Guardian sign to indicate that you have read the above item.)**

1. I give consent for any responsible adult, who is acting as chaperone for a Key Club sponsored activity, or if no chaperone, any responsible adult affiliated with the outside organization at a sponsored event, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to my child under the provisions of the Medical Practice Act of the State where the function occurs, or to consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to my child by a dentist licensed under the provisions under the Dental Practice Act of the State where the function occurs; provided, however, that the adult consenting to such treatment shall first have attempted to contact me at the telephone numbers listed below, unless the need for the consent for treatment results from an emergency condition that requires immediate treatment such that a prior attempt to contact me is not practical.
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent/Guardian sign to indicate that you have read the above item)**

1. Activities not sponsored  or approved by Key Club, but are outside activities among friends who are members of Key Club that may occur are solely at the discretion, judgment or consent of child and/or parent; are completely voluntary on the part of my child, and are not required for membership in Key Club. Any activity not approved or sponsored by Hart Key Club will not include transportation to or from the event; or responsibility and supervision by an adult or Hart High School faculty member.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent/Guardian sign to indicate that you have read the above item)**

**1.  Name of parent/guardian at the following numbers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please print neatly**

Cell phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_    Home phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

Work number: (\_\_\_\_\_\_\_)  \_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_\_  ext. \_\_\_\_\_\_\_\_\_\_\_

**2.   Name of parent/guardian at the following numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

                                       **Please print neatly**

Cell phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_    Home phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

Work number: (\_\_\_\_\_\_\_)  \_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_  ext. \_\_\_\_\_\_\_\_\_\_\_