



Wellmont Academy of Tampa Bay Inc.
Seminole, Florida 33778
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727-871-7036

CONSENT AND RELEASE

I, the undersigned parent or guardian, hereby consent to my child participating in the activities of Wellmont Academy held on the premises of Azalea Baptist Church, 7900 22nd Ave N. St. Petersburg, FL 33710. I certify that my child is able to participate in these classes, groups and activities without restriction. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. I certify that I will be available by phone at all times. In the event an emergency occurs in my absence, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize **Wellmont Academy** to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below. I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED IN THE COURSE OF SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Wellmont Academy and Azalea Baptist Church, 7900 22nd Ave. N. St. Petersburg, FL 33710 and its agents and employees harmless from any and all liability, actions, causes of actions, claims, expenses and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activities or participation in any other associated activities.

I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect. This release constitutes the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Signature of parent or guardian and phone number

Date

MEDICAL CONDITIONS OF WHICH TO BE AWARE:
