

HEDGE 2010-2011

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PARENTAL CONSENT AND INDEMNITY AGREEMENT

I give permission for my child, _____, to attend any or all HEDGE functions.

1. I FULLY UNDERSTAND that (a) attending a HEDGE function involves risks and dangers; b) these risks and dangers may be caused by the above named student's own actions, or inactions of others participating in the function, or others not associated with THE HEDGE HOMESCHOOL MINISTRY, INC. HILLSIDE UMC, OR New VICTORIA BAPTIST CHURCH, or the condition in which the activity takes place, or THE NEGLIGENCE OF THE 'RELEASEES' NAMED BELOW; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of the above named student attending the function.

2. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE HEDGE HOMESCHOOL MINISTRY, INC., HILLSIDE UNITED METHODIST CHURCH, OR New VICTORIA BAPTIST CHURCH, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors and advertisers, from all liability, claims, demands, losses, or damages on the above named student's account caused or alleged to be caused in whole or in part by the negligence of the 'releasees' or otherwise, and further agree that if, despite this release, If I, or anyone on my behalf makes a claim against any of the releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST THAT MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I have read this agreement, fully understand its terms, understand that I and the above named child have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

Signature (Parent/Legal Guardian) _____ Date: _____

Print Name: _____

PAGE TWO MUST ALSO BE COMPLETED AND SIGNED.

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Emergency Information & Medical Release Form

Student Name: _____ Date of Birth: _____

Parent's Names: _____ Home Phone: _____

Parent's Cell Phone(s): _____

Address: _____ City: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Allergies & Medical Conditions: _____

Medical Limitations: _____

Immunizations Up to Date: Yes / No / NA Date of Last Tetanus Shot: _____

Physician's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Insurance Company: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Primary Person Insured: _____ Policy #: _____ Group #: _____

I, _____ (Parent/Legal Guardian), hereby give permission for any and all medical and/or dental attention to be administered to my child, _____, in the event of accident, injury, sickness, etc. under the direction of a representative of The HEDGE Homeschool Ministry, Hillside UMC, or New Victoria Baptist Church until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

Signature (Parent/Legal Guardian) _____ Date: _____