

American Heritage School
“Senior Summit” Tour
Authorization, Medical Release & Liability Waiver

Student Participant _____ Date of Birth _____

EMERGENCY INFORMATION

Participant's parent or guardian _____
Home Phone _____ Business Phone _____ Cell Phone _____ Other _____
Address _____ City _____ Zip _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Relationship to participant(s) _____
Home Phone _____ Business Phone _____ Cell Phone _____ Other _____
Address _____ City _____ Zip _____

MEDICAL INFORMATION

Does the participant(s) have any of the following:

Special Diet _____ Allergies _____ Medication _____ Chronic/Recurring Illness _____
Physical conditions that limit activity _____ Surgery or serious illness in last year _____

If yes, please explain

THIS AUTHORIZATION, MEDICAL RELEASE FOR EMERGENCY MEDICAL TREATMENT, AND WAIVER OF LIABILITY MUST BE COMPLETED BEFORE PARTICIPANT(S) CAN PARTICIPATE IN THE TOUR. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN. IN THE EVENT OF AN EMERGENCY OR NON-EMERGENCY SITUATION IN WHICH MEDICAL TREATMENT IS REQUIRED AS A RESULT OF PARTICIPATION ON THE TOUR (INCLUDING TRAVEL TO AND FROM), EVERY REASONABLE EFFORT WILL BE MADE TO CONTACT THE PERSONS LISTED ABOVE.

I the undersigned parent/guardian of the above listed minor participant (and/or undersigned participant if participant is 18 years of age or older):

- acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, and that there may be other unknown risks not reasonably foreseeable at this time;

- assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death and acknowledge that the Releasees (defined below) do not carry accident or medical insurance on Tour participants;
- release, discharge, covenant to indemnify and not to sue American Heritage School, its affiliated organizations, sponsors, managers, employees and associated personnel, officers, directors, and agents, and American Heritage Schools, Inc. (all of whom are defined herein as "Releasees"), from and with respect to any and all liability to each of the undersigned, or his/her heirs or next of kin, for any claim by or on behalf of the participant as a result of the participant's participation in the Tour and/or being transported to or from the Tour, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize;
- assert that the participant is physically capable of participating in the Tour and authorize the Releasees to coordinate, arrange and/or administer emergency medical treatment to the participant for any accident or illness and to act in my stead in approving necessary medical care, and I further agree to be financially responsible for the cost of any such assistance or treatment. This authorization shall cover the Tour and travel to and from the Tour.

Parent/Guardian Signature _____ Date _____

Participant's Signature _____ Date _____
(Participant's signature is required if participant is 18 years of age or older)

NOTE: BEFORE THE TOUR, THE SCHOOL WILL NEED A COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT IF NECESSARY. If you can provide a copy of your insurance card with this form, we would appreciate it. If not, please sign and return this form immediately and provide a copy of your insurance card to Mr. Haymond, Mr. Anderson, or the AHS office at your convenience before the tour begins.