



2016-2017 RELEASE OF LIABILITY AGREEMENT

Student's Name _____

Release Form for All School-sponsored Off-campus Activities During 2016-2017

Credo High's experiences are designed to safely challenge students, engage them in the world and deepen their involvement with the curriculum and with one another. While we hold safety as a top priority, our trips and off-campus activities do involve some risk. It is our intention to work together as teachers, parents and students to prepare for and meet the challenges and risks that come with these trips.

Possible Risks of Participation

The list of potential risks related to these activities/events is intended to assist participants in evaluating the risk of participation and assumption of these risks through voluntary participation and agreement on this release. Additional risks, foreseen and unforeseeable, common and uncommon, may also exist and are assumed through voluntary participation in these activities/events.

1. Bodily injury up to and including death.
2. Temporary and/or permanent disability.
3. Property damage.

Assumption of Risk

I am aware of my child's personal medical needs. As necessary, I have consulted with a medical doctor with regards to my child's health-related issues that could preclude my child from full participation in any and all activities of Credo High School. Unless noted in the online enrollment Medical Conditions page, I certify that my child is healthy and able to fully participate in Credo High School activities.

I, _____ (as parent/guardian), assume all risk and responsibility for my child's medical needs. Credo High School or its agents may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding his/her health and safety. I agree to pay all expenses relating thereto and release the school from any liability for their actions.

Further, I will disclose in the online enrollment Medical Conditions page any physical, emotional, or other issues that may affect my child during the duration of this year's activities and trips. I will promptly disclose any new issues that may develop after the signing of this agreement to the school administration and trip leaders.

Please contact a school director if you need to further discuss any additional health and safety needs for your student.

The trip leaders must know all medications. Decisions about who is designated to carry and administer medications, whether the student or one of the trip leaders, must be discussed and agreed to before going on the trip.

I understand that if my child needs to be returned home for reasons of physical, emotional or behavioral issues, that all related expenses will be my responsibility as parent.

Parent or Guardian Signature

Date

Liability Release Agreement

In consideration of the acceptance of my participation or my child's participation in the above activities, I hereby waive, release and discharge any and all claims for damages, for death, personal injury or any property damage that I may have or that hereafter accrue to my child or family, against Credo High School as a result of my child's participation in school events or activities. This release is intended to discharge Credo High School, Awakening Entelechy, Inc., Directors of the Boards, officers, employees, students, and volunteers of Credo High School from and against any and all liability arising out of or connected in any way with my child's participation in schools events or activities, even though that liability may arise out of the negligence or carelessness on the part of persons or agencies mentioned above. I further understand that accidents and injuries can arise out of my child's participation in these events or activities; knowing the risks, I nevertheless hereby agree to assume those risks and to release and hold harmless all of the persons or organizations mentioned above who (through negligence or carelessness) might otherwise be liable to me, my child, (or our heirs or assigns) for damages. It is further understood and agreed that this release and assumptions of risk is binding on my heirs and assigns. I have read this entire Release Agreement. I fully understand it and agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

Knowing and Voluntary Execution

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract. I willingly make this agreement to cover all activities for the entire 2016-2017 Credo High School year.

Print Parent Name

Print Student Name

Parent or Guardian Signature

Date