



Grad Nite Medical Release Form

Please read the following carefully and fill out all of the requested information.

Name of Student: _____

Permission is hereby granted to the attending physician to proceed with any medical treatment or minor surgical treatment, x-ray examinations and immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the physician is not able to contact me, the treatment necessary for the best interest of my child may be administered. I do not hold the Education Services, Inc./Heritage Academy or its staff responsible for accidents or illness of my child during his/her participation in its programs.

Signature: _____
Parent or Guardian

Date: _____

Contact name and address, other than parent, in case of emergency when parents can't be reached

Phone: (h) _____
(w) _____

INSURANCE INFORMATION

Insurance Provider: _____

Policy Number: _____

Address: _____

RELEASE OF LIABILITY

The undersigned hereby releases and holds harmless the Education Services, Inc./Heritage Academy and its respective shareholders, affiliates, subsidiaries, employees, directors, and attorneys (collectively the "Releasees") from and against all injury, loss, death and accident to _____ whether it is caused by the negligence of

Name of Student

Releasees or otherwise arising out of, or in any way related to the Student traveling to or from, or participating in, any activity with the Education Services, Inc./Heritage Academy, or any activity associated with or conducted by the Education Services, Inc./Heritage Academy.* The undersigned shall assume full and complete responsibility for any injury, death, or accident which may occur to the individual named above, and undersigned indemnifies the Releasees for any damages, loss, or expenses arising therefrom.

The undersigned hereby executes this Release of Liability as of the date set forth below.

Signature: _____

Date: _____

Print Name: _____