

Central Christian School—Release of Liability

Central Christian School, 5801 Schwartz Rd., Fort Wayne, IN 46835, 260-493-0193

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT WITH ALL STATEMENTS MADE.

NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian, of the below-named *child* (*child* used throughout this document refers to all students you have enrolled at CCS and/or listed below), authorize participation of my child in various school-related activities, transportation to and from activities, and all athletic activities of CCS.

I understand that my child's participation is voluntary, and school-related activities are conducted by CCS, volunteers, and staff, including parents of other participating children. I also understand that CCS is solely responsible for all aspects of school-related activities including selection and supervision of all people conducting activities, and I understand and agree that my child's participation in athletic and other activities of CCS necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of supervisory persons. On behalf of my child, me and my family, I assume these risks.

In consideration of the privilege of my child's participation in school-related activities, and on behalf of my child and me as parent/guardian, I hereby release, hold harmless and indemnify, and covenant not to sue, Central Christian School and all CCS employees, volunteers, insurers, and other people associated with CCS (including but not limited to sponsors, parents, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in CCS activities, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns.

MEDICAL CONDITIONS

I understand that participation in Central Christian School activities may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in activities. I understand that CCS or its representatives may request health information concerning my child. If CCS determines that my child has a physical or mental condition that may affect his/her ability to safely and appropriately participate in school-related activities, CCS may determine that my child cannot be permitted to participate. I understand and agree that, while CCS desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in school-related activities, and if I, the parent or guardian of the below-named child, am not present to make medical decisions, I hereby authorize Central Christian School, its staff, volunteers including volunteer parent participants, supervisors, and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

GENERAL MEDICAL/SCHOOL POLICIES

- Parents will be notified and expected to pick up students who have a temperature of 100 degrees or above, are vomiting, or have diarrhea. Students with any of these symptoms before school in the morning need to stay at home for 24 hours.
- Children suspected with "pink eye" will be sent home and need to be treated for 24 hours before returning to school.
- All medicine must be brought to the office. Students who need to have an asthma in-haler with them must bring an annual doctor's note to have on file in the office. Failure to label medication correctly makes it impossible to know what should be given and when. Any medication sent in should be in the original container, clearly labeled with all of the following information, or it WILL NOT be given:
 - Name and grade
 - Today's date and start/end dates for the medicine
 - Name of medication
 - Amount of medication to give, time of last dose and the time for the dose at school
- Permission is granted to CCS to use, and/or copyright, personally identifiable information about the below named student(s) including photos, video, name, academic/athletic/attendance achievements, and/or art works for publication, advertising or other lawful purposes including but not limited to publication on any Central Christian School Web page(s). Please check the box if you choose your child NOT to participate.

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. Each responsible parent/guardian should sign.

Signature: _____ Printed Name: _____ Date: _____

Signature: _____ Printed Name: _____ Date: _____

Print Child's Full Name: _____ Date of Birth: _____

Print Child's Full Name: _____ Date of Birth: _____

Print Child's Full Name: _____ Date of Birth: _____

Print Child's Full Name: _____ Date of Birth: _____