

IRP Allergy Release

In consideration of services provided or to be provided by Indian Run United Methodist Church Preschool, (here in after *IRUMCP) and all agents or employees of IRUMCP, including, but not limited to its Director, Advisory Board Members, and teachers, (here in after collectively referred to as "releasees"), the undersigned parent(s) or guardian(s) (hereinafter referred to as "Releasor(s) voluntarily and knowingly execute this form with the express intention of effecting the extinguishment of obligations as herein set forth.

Releasor(s), with the intention of binding him/herself, his/her spouse , his/her minor children, heirs, legal representatives, successors and assigns, expressly release and forever discharges each and all the Releasees from any and every present and future claim, demand, action or right of action of whatsoever kind, either in law or in equity, arising from or by reason of any bodily injury or personal injuries know or unknow, death and/or property loss resulting or to result from any exposure to or ingestion of any food allergen which occurs during attendance at IRUMCP by _____(student's name)

Or during that student's participation in any activities conducted by or at the direction of any or all of the Releasees or student of IRUMCP.

Releasor(s) assumes full responsibility for and risk of bodily injury, death, or property incurred by _____(student's name) as a result of the above-described activities and services, whether said injury, death, or loss of result from negligence or otherwise.

Releasor expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Releasor(s) states that he/she has read the foregoing Release, knows the contents thereof and signs this form of his/her own free act.

_____ Printed Name of Releasor (Mother or Father or Legal Guardian)

_____ Signature of Releasor (Mother or Father or Legal Guardian)

_____ Date