

# Waiver Form

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ agree to the following:  
(Parent Name) (Student Name)

### Permission to Participate in School Trips

I give permission for my child to take part in events scheduled outside of school property during the school year. I understand that I will be notified with a letter and/or e-mail regarding the details prior to each outing.

### Photographic Waiver

I authorize my child's photograph/voice/video to be used for school activities and school purposes only (including school promotional materials in print, any forms of digital media, as well as online, including social media marketing purposes).

### Medical Waiver

I understand that in the event that my child is involved in an accident or is injured, Heritage School of the Arts will make every attempt to contact me and/or my spouse and/or his/her custodian. If, however, my spouse, his/her custodian, or I cannot be reached, I hereby give Heritage School of the Arts authority to act on my behalf to take whatever steps are necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to Contact the Child's Physician
2. Attempt to Contact the Emergency Contact
3. Call another Physician
4. Call an Ambulance
5. Have the child taken to the emergency department of a hospital, in the company of a staff member of Heritage School of the Arts

Any expenses incurred under the circumstances listed above will be the responsibility of the child's family.

**I hereby certify that all the information contained on these forms is accurate and complete. Heritage School of the Arts will not be responsible for accidents or injuries that may arise as a result of incorrect or missing information given at the time of enrollment. It is the parent/guardian's responsibility to provide Heritage School of the Arts with written notification of any changes or new student information (including that of returning students).**

I also agree to release and indemnify Heritage School of the Arts, its Principal, Staff, and Volunteers from any and all claims for damages arising from any injury or otherwise related actions to my child as a result of any accident, illness, or for any reason arising from the participation in any school activities.

Student: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Custodian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_