

CLASSICAL CHRISTIAN SCHOOL FOR THE ARTS

HOLD HARMLESS AGREEMENT

Student Name: _____

I, the parent/guardian of the child named above, hereby give my permission for my son/daughter to stay in a residence designated by Classical Christian School for the Arts (CCSA). My child does not have a history of medical, psychiatric, or emotional difficulties, nor does he/she have any condition that would impact his/her ability to participate in any program offered by CCSA or to stay at a Home stay residence. I give permission for my child to participate in any family organized and supervised activities. We authorize the home stay host, or CCSA personnel or agents to approve and sign permission slips for such activities at their own discretion. We also understand that our child may participate in high risk activities including, but not limited to, hiking, climbing, biking, swimming, soccer or basketball. I understand the activities listed in this paragraph involve the use of equipment and that the participation in these activities could cause injury, permanent trauma, or death.

I agree not to hold Classical Christian School for the Arts, or any of it's employees or representatives, responsible for any expenses or injuries that my child may incur while traveling or lodging with Classical Christian School for the Arts, or designated host family. I agree to waive any all claims I may have against, and release from liability and agree not to sue Classical Christian School for the Arts, it's employees and/or representatives for any personal injury, death, property damage or loss sustained as a result of my child's participation in any normal r high risk activities arising out of any cause whatsoever, including negligence.

I understand that my child is responsible for his/her behavior at all times. In case of emergency involving my child, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the medical provider or physician selected by CCSA staff or host family to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardians, and/or determination of the participant's ability to continue staying at CCSA or it's Host family. I have indicated below any permanent or temporary condition that should be known about my child, including allergies. (Write 'None", if applicable)

Agreed and Confirmed by:

Child's Signature in English: _____

Parent/Guardian (printed name) _____ Date: _____

Parent/Guardian (signature) _____ Date: _____