

## Liability Waiver and Medical Consent Form

### Liability Waiver

This Liability Waiver Form must be completed, and signed by the parent or guardian for each student before participation in any Legacy Homeschool Enrichment Center class or activity, onsite or offsite. The original must be on file in the school office.

PARENT/GUARDIAN RELEASE FOR AND IN CONSIDERATION OF the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, it is agreed as follows: The undersigned hereby releases and forever discharges, Legacy Homeschool Enrichment Center and all other teachers, staff members, volunteers, along with all of their agents, relatives, employees, directors, officers, assigns, and attorneys, from any and all claims, demands, actions, causes of action or suits arising out of any injuries, known or unknown, which have resulted or may in the future result from any Legacy Homeschool Enrichment Center class or activity, onsite or offsite. The undersigned hereby assumes all risk of injury associated with Legacy Homeschool Enrichment Center and fully indemnifies and holds harmless Legacy Homeschool Enrichment Center, along with their agents, employees, volunteers, relatives, directors, officers, assigns, and attorneys from and against each and every liability, loss, cost, damage, and expense, including attorney's fees, which the Legacy Homeschool Enrichment Center, along with their agents, employees, directors, officers, assigns, and attorneys may incur as a result of Legacy Homeschool Enrichment Center onsite or offsite class or activity. This liability waiver/release applies to the following student for the 2021/2022 School year, and covers from August 15, 2021 - May 31, 2022.

### Medical Consent

As the parent or legal guardian of the below named minor, I hereby give consent for emergency medical care as prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions to preserve life, limb or wellbeing of my dependent from August 15, 2021 - May 31, 2022.

STUDENT'S NAME: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_  
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This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Parent/Guardian's Printed Name \_\_\_\_\_

### Photography Consent

I give permission for my child's photo or likeness to be used on the Legacy website or in printed material related to Legacy Homeschool Enrichment Center.

Signature of Parent or Guardian \_\_\_\_\_