



Victory Christian Academy

1100 N Radio Hill Rd. Gainesville, TX 76240 || EMAIL: vcagainesville@outlook.com

WAIVER OF LIABILITY

Parents are expected to cooperate with and support Victory Christian Academy and its teachers in the education and discipline of their child (children) both in the classroom and during other related school activities. At VCA, we believe that discipline and structure are necessary for the welfare of each student.

As the student's parent/legal guardian, I give permission and understand that my child's teacher and/or the administrator of Victory Christian Academy may enforce classroom regulations through gentle guidance, restriction of privileges, and/or detention. Parents will be informed of any discipline guidance that must be made, and if necessary, a parent-teacher conference will be scheduled. Students may forfeit the privilege of attending Victory Christian Academy if they continually refuse to abide by the policies set forth by VCA.

Victory Christian Academy reserves the right to withdraw a student at any time that the student, in the opinion of and at the sole discretion of Victory Christian Academy, does not conform to the spirit of VCA. I understand that Victory Christian Academy policy prohibits refunds of registration fees, the first tuition payment, and any thereafter.

If a VCA photographer takes a picture with my child in it, individually or in a group, I give permission for my child's picture to be used in future Victory Christian Academy advertising material and other Victory Life Tabernacle publications.

I give permission for my child, whose name is set forth below, to take part in all activities, including, without limitation, transportation to and from school and Victory Christian Academy-sponsored trips away from the VCA campus. I indemnify and exclude Victory Christian Academy, its affiliates, teachers, and aids harmless from any liability in the above-mentioned activities.

I understand that Victory Christian Academy does not provide medical insurance coverage for my child, and that I will be solely and fully responsible for any medical expenses or other liabilities incurred.

This Statement of Cooperation and Waiver of Liability shall remain in effect for as long as my child below attends Victory Christian Academy Summer Enrichment Program. Any references herein to "child" shall include and refer to all of the children listed below, which I affirm are under my legal care as their parent or legal guardian.

Childs Name: _____
Childs Name: _____

Childs Name: _____
Childs Name: _____

Parent Signature: _____
