

**CONSENT AND ASSUMPTION OF RISK STATEMENT**

I/We understand that there are inherent risks involved for the aforementioned student in participating in the program Seeds of Knowledge Preschool, including:

- A. Dangers of injury, drowning, partial or total disability, or death as a result of participation in academic, sports, swimming, and extracurricular activities, or field trips.
- B. The social and economic losses and/or damages which could result from such risks or dangers could be severe.
- C. These risks and dangers may be caused by the negligence of the student or others.
- D. There may be other risks unknown to us or not reasonable foreseeable at this time.

I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis, or death, however caused or alleged to be caused in whole or in part by Seeds of Knowledge Preschool, the staff, or other employees of, or volunteers of Seeds of Knowledge Preschool; other students or parents of other students; by the owners, lessors or lessees of the properties in or on which the injury, disability, paralysis, or death may have occurred; by any other sponsors of the activities of Seeds of Knowledge Preschool. By accepting such risks and responsibilities, I/We release all the other above-mentioned parties from claims for liability for injuries, disability, paralysis, or death of a student in connection with his/her enrollment or participation in Seeds of Knowledge Preschool.

I/We accept this statement and hereby consent for the aforementioned student to take part in any and all academic, sports, swimming, and other activities or field trips, with the following exceptions only (indicate "none" if none apply):

\_\_\_\_\_  
\_\_\_\_\_

Reason for Exceptions: \_\_\_\_\_  
\_\_\_\_\_

**I/We have read the above consent and waiver and sign it voluntarily:**

_____ Parent/Guardian Signature	_____ Relationship	_____ Date
_____ Parent/Guardian Signature	_____ Relationship	_____ Date
_____ Witness Signature	_____ Witness Printed Name	_____ Date

I hereby give permission for my child to receive medical treatment in case of emergency.

\_\_\_\_\_  
Parent/Guardian Signature

Sean