



The Scholé Fellowship

WAIVER OF LIABILITY, DISCLAIMER & PERMISSION

Please complete one form for each student you are registering with The Scholé Fellowship. These forms must accompany your Family Application before your application will be considered complete and ready for review.

We, the undersigned parents or legal guardians of _____

(Student's Name—hereby referred to as "Student")

hereby give permission for Student to participate in this Activity and all events associated with the Activity. In the event of an accident or illness (and after reasonable attempt has been made to reach us or if circumstances do not allow time to make such an attempt), we hereby authorize The Scholé Fellowship Corp., its authorized representatives, Director, employees, agents participating and/or supervising parents ("The Scholé Fellowship Corp.") to seek and to consent for medical treatment for Student. We hereby consent to any examination, x-ray, anesthetic, medical or surgical procedure, treatment and/or hospital care deemed advisable by a physician, surgeon or dentist. Any and all costs incurred for such medical treatment shall be our sole responsibility.

We hereby release, discharge, and hold harmless The Scholé Fellowship Corp. from any claims arising out of or relating to the decisions made while acting as our Agent in these respects during this activity.

We, the undersigned parents or legal guardians of Student, understand that Student's participation in The Scholé Fellowship Corp. is voluntary and we accept the inherent risks that may be associated with Student participating in this homeschool community such as but not limited to: playing on the playground, nature study, science experimentation and other learning activities Student will participate in during his/her community day. In exchange for permitting the voluntary participation of Student in its programs, we hereby release, discharge, and hold harmless The Scholé Fellowship Corp. from any claims arising out of or relating to any physical injury that may result to Student, while participating in a The Scholé Fellowship Corp. sponsored event, including, but not limited to, any physical injury by the negligence of any peer, or Academic Mentor or parent assistant while participating in or performing his/her duties during the meeting days of The Scholé Fellowship Corp.

We understand and acknowledge by signing below, that the Nature Study Activities may carry inherent risks that The Scholé Fellowship Corp. will have no control over, such as but not limited to exposure to bees, wasps, fire ants, poison ivy, snakes, and other wildlife that could cause injury to Student. We understand that Student's participation in nature walks is voluntary and we can decide at any time for Student not to participate. We accept the inherent risks and full responsibilities associated with this Activity and we hereby release, discharge, and hold harmless The Scholé Fellowship Corp. from any claims arising out of or relating to any physical injury that may result to Student, while participating in this Activity, including physical harm by the negligence of any peer, allergic reactions and, other unforeseen dangers.

Parents/Guardians agree to be responsible for any damages to the Church's property that are directly caused by any person in their family or persons of which they are legal or implied guardians.

_____ Student requires/carries special medication for life threatening situations. We understand that, in order to maintain Student's safety, **at least one of us will need to remain on campus for the entire community day, unless permission to drop off is given by the Director.** Without permission, we may not drop off Student because the Director, Academic Mentors and participating parents are unable to administer medications.

_____ Student has no known medical conditions that are life threatening or require special medications to be administered.

Signature _____ Date _____
(Parent or Legal Guardian)

Signature _____ Date _____
(Parent or Legal Guardian)

Signature _____ Date _____
(Witness for The Scholé Fellowship)