



Grace Classical Christian Academy Release Form

RELEASE OF ALL CLAIMS AGAINST GRACE CLASSICAL CHRISTIAN ACADEMY

In consideration of permission granted by my child/ward to participate in:

ALL ACTIVITIES

(Including but not limited to: Field Trips, Extra Curricular Activities, Athletics,
Physical Education Classes, and Recess Games)

I, the parent or guardian of the below-named child, in consideration for allowing my child/ward to participate in activities, hereby release and discharge and agree to fully and unconditionally protect and indemnify Grace Classical Christian Academy and their Board of Directors, officers, agents, employees, and volunteers (collectively, "Indemnitees") and hold each Indemnitee harmless from and against all costs, expenses, attorney's fees, claims, demands, actions, suits, judgments, losses, liability, and executions which the parent or guardian ever had, or now has, or may have, or which the parent or guardian's heirs, executors, administrators, or assigns may have, or claim to have, against Indemnitees, its successors or assigns, for all personal injuries, known or unknown to my child/ward, and injuries to property, real or personal caused by or arising out of, directly or indirectly, all school activities, regardless of cause or of the joint, comparative or concurrent negligence of the indemnitees. I, the parent or guardian, have read this release and understand all its terms, I execute it voluntarily and with full knowledge of its significance, and understand and agree that this agreement shall limit Indemnitees' liability as stated above.

LEGAL AUTHORIZATION FOR EMERGENCY CARE AND ACKNOWLEDGEMENT RELEASE OF ALL CLAIMS STATEMENT

NAME OF CHILD _____ DATE _____

NAME OF CHILD _____ DATE _____

NAME OF CHILD _____ DATE _____

NAME OF CHILD _____ DATE _____

NAME OF CHILD _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____

**GRACE CLASSICAL CHRISTIAN ACADEMY
PARTICIPATION AND MEDICAL FORM**

Student Full Name _____ Date of Birth _____ Sex _____

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Student Full Name _____ Date of Birth _____ Sex _____

Student Full Name _____ Date of Birth _____ Sex _____

Student Full Name _____ Date of Birth _____ Sex _____

Home Address _____ City _____ State ____ Zip _____

Home Phone _____ Parent/Guardian Business Phone _____

Parent/Guardian Name _____ Parent/Guardian Employer _____

Secondary Contacts: Please contact the following person(s) **if I cannot be reached**. (Do **NOT** put parent names in this area – we must have **other names** in case you cannot be reached.)

Name _____ Relationship _____

Address/City/State/Zip _____

Phone _____

Name _____ Relationship _____

Address/City/State/Zip _____

Phone _____

TO WHOM IT MAY CONCERN:

The undersigned parent(s)/Legal guardian give permission for our(my) child/ward _____
Student Name

To participate in all school activities sponsored by GCCA unless I have notified the teacher or Head of School to the contrary.

In case of medical or dental emergency, we(I) give our(my) consent and authorization for any necessary treatment, to include treatment by a licensed physician or dentist and transfer to any hospital reasonable accessible.

The following information is provided for any licensed physician, dentist, or hospital not having access to our(my) child's medical history:

Family Physician _____ Address _____ Phone _____

Family Dentist _____ Address _____ Phone _____

Medical Insurance Company _____ Policy Number _____

We(I) shall be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization. Further, should it be necessary for our(my) child to return home due to medical reasons, disciplinary action or otherwise, we(I) agree to pay transportation costs.

Finally, in consideration for our(my) child's participation in the activities, we(I) release, discharge, and agree to fully and unconditionally protect, indemnify and defend GCCA and their officers, Board of Directors, agents, employees, and volunteers (collectively, "Indemnitees") and hold each Indemnatee harmless from and against any and all costs, expenses, attorney's fees, claims, losses, suits, liability, or demands for personal injury, illness or death; as well as property damage and expenses, of any nature whatsoever which may be incurred by us(me) and/or our(my) child while our(my) child is participating in these activities (including transportation to and from events), hereby assuming all risk of personal injury, illness, death, damage and expense as a result of participation of these activities, regardless of cause or of the joint, comparative or concurrent negligence of the Indemnitees.

We(I) have read this form in entirety and sign it voluntarily with knowledge of its terms and conditions.

Mother (Legal Guardian)

Date

Father (Legal Guardian)

Date

Use of Student Activity Pictures Release:

Throughout the school year Grace Classical Christian Academy ("GCCA") uses school activity pictures/images for marketing. Please initial the appropriate space below:

_____ **You MAY use pictures/images of my student.** I hereby release and agree to fully and unconditionally protect, indemnify, and defend GCCA and their officers, Board of Directors, agents, employees, and volunteers (collectively, "Indemnitees") and hold each Indemnatee harmless from and against any and all costs, expenses, attorney's fees, claims, losses, suits, liability or demands for injuries to property and injuries to person (including child), of any nature whatsoever, arising in any manner, directly or indirectly, out of, in connection with, in course of, or incidental to the use or publication of any pictures, photographs, videos, or other images of child, regardless of cause or of the joint, comparative or concurrent negligence of the Indemnitees.

_____ **You may NOT use pictures/images of my student.**

Mother (Legal Guardian)

Date

Father (Legal Guardian)

Date

Office Use: Date Received _____