



## CHRIST CLASSICAL ACADEMY

### Annual Release and Consent Agreement

#### *Release of Liability*

I hereby, for myself, my heirs, executors, and administrators, waive and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against Christ Classical Academy, their members, respective officers, agents, representatives, successors, and/or assigns, individually or collectively, for any and all damages and liabilities which may be sustained and suffered by me in connection with my association with/or arising out of my traveling with, participation in, and returning from any activity sponsored by Christ Classical Academy.

#### *Emergency Medical Treatment*

I, the undersigned parent or guardian, authorize Christ Classical Academy to obtain and provide emergency medical care for my child/ward named below as prescribed by a duly licensed physician. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child named below. The undersigned assumes all financial responsibility for incurred expenses.

#### **Child/ward:**

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PLEASE PRINT	LAST	FIRST	MI	AGE
GRADE				

#### *Release of image and work*

YES. I DO HEREBY grant permission and the right to use all writings, photographs, video, and/or audio materials obtained in/at school or at school related functions, of my child(ren) for promotional objectives both locally and/or nationally, to Christ Classical Academy, Inc. I understand that the expressed purpose of this information is to produce and/or maintain publications, an

Internet web site, and advertisement in various newspapers, newsletters, and/or radio. I further waive any claim or right to compensation I may have or assert in connection with the Academy's use of my child(ren)'s materials.

NO. Please DO NOT include my child(ren)'s writings, photographs, video, and/or audio materials obtained in/at school or at school related functions, in any of the Academy's publications, web site, advertisements, or promotional materials.

In witness of my consent and agreement to the matters stated above, I have subscribed my signature below.

**SIGN BELOW IN THE PRESENCE OF A NOTARY PUBLIC**

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:**  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF LEON

I, the undersigned authority, a notary public in and for said county in said State, hereby certify that the above named person who is known to me or presented \_\_\_\_\_ as identification, acknowledged before me on this day that, being informed of the contents of this release and consent agreement, has executed the same voluntarily for the purposes therein expressed.

Given under my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

NOTARY PUBLIC \_\_\_\_\_

My Commission Expires \_\_\_\_\_