

Date updated: _____



CHRIST CLASSICAL ACADEMY

CONSENT AND RELEASE FORM

We/I hereby give our/my permission for _____ to take school field trips during his/her tenure at Christ Classical Academy.

We/I understand that extended learning experiences such as, but not limited to field trips, may present heightened exposure to risk of injury. Such exposure may include but not be limited to the form of transportation to/from the activity, or participation in experiences such as walking on trails, playing in parks, riding amusement rides, contact with other individuals, eating prepared food, contact with wild or domestic wildlife, or exposure to disease or infection, etc. Further, we/I understand that while the school intends to use reasonable effort to safeguard the health and safety of all participants we/I agree to hold harmless Christ Classical Academy, their officers, servants, agents, or employees, chaperones, and volunteers from any and all liability, claims, demands, actions and causes of action whatsoever, including court costs and attorney’s fees arising out of or related to any loss, damage, or injury, including death, that may be sustained by us or our child, or to any property belonging to us, while our child is traveling to/from the activities, participating in such activities, or in, on or upon the premises where the activities are being conducted.

IN SIGNING THIS WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, WE/I ACKNOWLEDGE AND REPRESENT THAT we/I have read and understand the foregoing provisions; that we/I sign this AGREEMENT voluntarily as our own free act and deed; no oral representations, statements, or inducement, apart from the foregoing written agreement, have been made; we/I are at least eighteen (18) years of age and fully competent; and we/I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Parent/Guardian Signature

Date

X _____

Medical Treatment Information and Consent

In the event that my child should need medical attention during a fieldtrip or school day and we/I am unavailable for consultation, the supervisor has my permission to acquire medical attention. Known medical problems, allergies, or medications needed are described below. (Use space on back, if necessary)

Allergies: _____

Medications: _____

Parent/Guardian Signature

Date

X _____

Date updated: _____



Consent to photograph, film, or videotape a student for non-profit use

We/I understand that as part of the Christ Classical Academy Community my child’s picture will be used on the private PTO Facebook group, the year book, and in class photos.

Parent/Guardian Signature

Date

X _____

We/I hereby consent to my child’s participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the student named above for materials that are available to the public or for promotional use.

We/I also grant the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media. We/I understand my child’s name will not be included in these materials without written consent from a parent.

Parent/Guardian Signature

Date

X _____

The signatories to all the above expressly represent that all legal guardians of child are included. Failure to sign any of the above indicates a lack of consent to the corresponding element above.

I acknowledge this form will be kept on file and referred to during the entirety of the above-mentioned student’s tenure at Christ Classical Academy. It is my responsibility to notify the school of any changes or updates that need to be made.

Signature of Parent/Guardian

Date