



LIABILITY RELEASE FORM

RELEASE OF ALL CLAIMS

In consideration for being accepted by ACTS Homeschool Group (hereafter ACTS) for participation in any activities, I, being the parent or legal guardian of the below named child-participant(s), do for myself and on behalf of my child(ren), hereby release, waive and forever discharge ACTS, the meeting facility, and the directors, employees or agents thereof, from any and all liability, claims or demands for emotional or personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or their child-participant(s) that occur while participating in any activity or trip.

The undersigned hereby agrees to hold harmless and indemnify ACTS, its directors, employees and agents, for any loss, liability, damage or cost they may incur as the result of the negligent, willful or intentional acts of said participant(s).

I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.

I hereby grant my permission for him/her to participate fully in said activity/trip, and, should emergency medical treatment be necessary, I hereby authorize an appropriate adult to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that ACTS will use all reasonable efforts to notify me (or the emergency contact listed below), where practical, prior to initiating medical treatment for any such injury or illness. Should neither party be available, I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically necessary. I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses.

I further expressly agree that the foregoing release is intended to be as broad and inclusive as is permitted by the law of the State of Washington and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign this release and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Parent/Guardian Signature _____ Date _____

Print full name of all participants [adult and child(ren)] _____

Medical Insurance Yes No Policy # _____

Insurance Company Name and Address _____

Doctor's Name _____ Phone # _____

Emergency Contact Name _____ Phone # _____

Please list allergies, current medications or significant medical conditions: (specify participant) _____