

Labarum Cottage School PARTICIPANT FORM

Participant Name: _____ Age: _____ DOB: ____/____/____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone Number: _____

Liability & Permission for Medical Treatment, Field Trips, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the school or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal school or event activities and these photos/videos may be used in promotional materials. I understand that my child's school may offer field trips and/or off-campus activities throughout the year. I grant permission for my child/children to participate in any field trip or off campus activity organized by Labarum Cottage School. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge Labarum Cottage School, any individual involved with Labarum Cottage School, and any school or activity volunteer, tutor or director from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in this co-op, tutorial, activity, field trip, or event. I agree to indemnify Labarum Cottage School for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in this school, activity, field trip, or event or while on property leased or owned by Labarum Cottage School or the property of any of the parents, staff, or volunteers of the school or church. I shall be responsible for my child(ren) while they are attending Labarum Cottage School. I understand and agree that I am responsible for all actions of my children and guests. I am responsible for the behavior of my child(ren) while they are attending Labarum Cottage School.

Labarum Cottage School, its directors, teachers, members, volunteers and staff shall be free from all liability and claims for damages by reason of any injury allegedly sustained by any person or to any property that is in any way connected to myself and my child(ren)'s use of the premises. I expressly agree to defend, indemnify and hold harmless Labarum Cottage School, its directors, teachers, tutors, members, volunteer and staff from and against any and all actions, suits, demands, losses, claims, and liabilities arising out of any such injuries or property loss however occurring, including reasonable actual attorneys' fees and all other costs of defending any claim.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature).

Participant's Signature: _____ Date: ____/____/____

Parent/Legal Guardian Print Name: _____ Date: ____/____/____

Parent/Legal Guardian Signature: _____ Date: ____/____/____

Notary Acknowledgement

State of: _____ County of: _____

Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this _____ day of _____, 20____.

Notary signature: _____

My commission expires: _____