LIVING WATERS HOME EDUCATORS
INFORMED CONSENT, VOLUNTARY WAIVER, RELEASE OF LIABILITY
& ASSUMPTION OF RISKS FORM

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS FULLY SIGNED FORM AND MEDICAL INFORMATION AND RELEASE FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED BY PARENT/GUARDIAN FOR THOSE UNDER THE AGE OF 18 BEFORE PERMISSION TO PARTICIPATE IN THE ACTIVITY WILL BE GRANTED.

Name of Activity: Living Water Co-op and Co-op Related activities

Dates of Activity: Date signed and thereafter

In consideration for permission to participate in activities at and to access the Co-Op facility, I/we, the undersigned, wish to participate/wish for my/our Child to participate in the above referenced activity on the date(s) and location(s) indicated above and, in consideration for participation, I/we hereby agree as follows:

I/we understand that participation in this activity could involve risk of physical injury, illness, disability, death or property loss, and despite safety precautions, Living Waters Home Educators (LWHE) cannot guarantee safety thereof, as all risks cannot be predicted. LWHE does not provide health and accident insurance for participants, and I/we understand that any medical expenses, property loss, or other personal expenditures that occur during or as a result of this activity, are to be borne by the parent or guardian of the participant.

In consideration of the opportunity afforded, with full knowledge and acceptance of the risks associated with this activity noted within; and with full understanding of the above issues/conditions and risks, I/we hereby release, indemnify and hold harmless LWHE, its Board of Trustees, Staff, Student Leaders, the Activity Staff, and all other officers, directors, employees, volunteers and agents from any and all liability.

This RELEASE contains the entire agreement between the parties to this agreement. The information I/we have provided is disclosed accurately and truthfully. I/We have been given ample opportunity to read this document and I/we understand and agree to all of its terms and conditions. I/We understand that we are signing this document freely and voluntarily, and intend by my/our signature(s) to provide a complete and unconditional release of all liability.

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Print Parent/Guardian Name

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Signature of Parent/Guardian

_____

Date