

GCCHS, Inc.
Gulf Coast Christian Home Scholars
Liability and Consent Waiver
2016-2017

I, the undersigned, have enrolled in Gulf Coast Christian Home Scholars (GCCHS, Inc.) and may participate in GCCHS-sponsored field trips/events. **I release, waive, discharge, and hold harmless GCCHS, Inc., its officers, agents and volunteers ("GCCHS") from any and all liability, damages, costs, expenses, or claims, including negligence,** which may be asserted by me or my family member(s), or on behalf of me or my family member(s), arising from or relating to our participation in any field trip/event.

I further agree to indemnify and hold harmless GCCHS from any and all liabilities, claims, demands, injuries (including death), or damages including court costs and attorney's fees and expenses which may occur to me, my family members, other participants, and third-persons as a result of my participation in any field trip/event, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of GCCHS.

I further agree that I am solely responsible for monitoring, chaperoning and supervising my own child(ren) while on a field trip/event. I am responsible for my own personal property and effects during the course of a field trip/event. I agree that GCCHS only provides general supervision of the logistical/educational aspects of the field trip/event. GCCHS cannot and does not guarantee my personal safety.

I further agree that if I drive or provide my own motor vehicle for transportation to, during, or from the program site, then I am responsible for my own acts and for the safety and the security of my own vehicle. I accept full responsibility for the liability of myself and my passengers during any field trip/event. I agree that if I, or my dependent, am a passenger in such a private vehicle, then GCCHS is not in any way responsible for the safety of such transportation and that GCCHS does not cover any damage or injury suffered in the course of traveling in such a vehicle.

I agree that anyone with a history of medical problems should consult with their physician prior to the field trip/event to be sure that I or they are in condition to make the trip or participate in the event. I accept any medical risks that may arise from any GCCHS-sponsored field trip/event.

In the event that any medical attention is needed, I authorize the leader(s) of the field trip/event or any qualified individual to administer the first aid necessary to maintain health until a physician may be reached or other medical assistance obtained. I further understand that any costs associated with medical treatment are my responsibility.

I further agree if I invite or bring to any GCCHS sponsored field trip/event any guests or family members outside my nuclear family (husband, wife, children) then I will obtain prior permission from GCCHS and ensure that a Liability and Consent Waiver is filled out and provided to GCCHS prior to their attending the field trip/event.

Severance Clause: I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Texas in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Texas. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

THIS IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING IT.

By my signature below, I certify that I agree to and fully understand all the above issues and conditions and accept full responsibility as outlined above. If signing on behalf of a minor, then I certify that I am legally authorized to sign this document on behalf of the minor.

Adult Member Name(s):	Member Signature:	Date:
_____	_____	_____
_____	_____	_____

Minor/Dependent Member Name(s):	Parent or Legal Guardian Name/Signature:	Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(New Members only) Email: _____

(FOR OFFICE USE ONLY, DO NOT WRITE BELOW THIS LINE)

_____ \$25 Renewing _____ \$30 New Member

Method of Payment:
_____ Cash _____ CC _____ Ck(no _____) *Boxtops _____
*Boxtops is for renewing members only