

## WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Christian Heritage Home Educators (CHHE) related events and activities, the undersigned:

1. Agree that the member/participant should inspect the facilities and equipment to be used, and if the member/participant believes anything is unsafe, he or she should immediately advise a board member of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of illness including but not limited to COVID-19, serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such illness, injury, permanent disability or death.
4. Release,waive,discharge and covenant not to sue CHHE, its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Member/Parent (print) \_\_\_\_\_

Signature of Member/Parent \_\_\_\_\_

Name of Parent #2 (print) \_\_\_\_\_

Signature of Parent #2 \_\_\_\_\_

Address of Member/Participant \_\_\_\_\_

Telephone Number of Member/Participant (\_\_\_\_) \_\_\_\_\_

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## PHOTOGRAPHIC RELEASE

I grant CHHE and its instructors permission to take photographs and or video of me and your children in connection to classes and events held by CHHE or homeschool related activities. I also authorize CHHE to copyright, use, and publish the same in print and/or electronically.

I agree that CHHE may use such photographs of me and my children for any lawful purpose, including such purposes as publicity, illustration, advertising, and web content. Names will be printed in the yearbook but not online without separate permission.

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_