

Risen Savior Classical Academy

A Homeschool Community

~Veritas Aeterna~

Liability Waiver

This form applies for the 2021/2022 school year.

Risen Savior Lutheran Church will make every attempt to provide a safe environment and considers the safety of all patrons and especially children a priority. To participate in Risen Savior Classical Academy, I and legal guardian(s) of:

do hereby acknowledge that participation in in Risen Savior Classical Academy (RSCA) and utilization of the facility, grounds at Risen Savior Lutheran Church (RSLC) could expose us to the possibly of risk or injury. In consideration of my family being permitted to participate in RSCA, I do hereby release and agree to hold harmless RSCA and RSLC and its and their respective officers, members, employees, and volunteers from any and all liability for claims, damages, or injury including costs and attorney's fees, to my family or any personal property during the time of our attendance at RSCA/RSLC activities. I assume full responsibility for my family's behavior, and for any damage or injury caused by my family's actions. I agree that my family shall not now, or at any time in the future, directly or indirectly, initiate or prosecute any action, suit, or other legal proceeding against either RSCA or RSLC arising out of, relating to, or in connection with the RSCA. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Kansas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Medical Consent

And understand students who are required to bring medication to school to treat acute or chronic medical conditions are responsible for storing the medication and taking it as directed. At no time should a student share his or her medication with any other individual. Additionally, students indicating the use of Ibuprofen or Acetaminophen will be provided with these medications on an as needed basis according to the dosage prescribed by the parent permission. If there are questions about the use of a specific medication, a parent will be contacted prior to the administering of the medication.

Furthermore, I hereby give RSCA staff permission to administer basic first aid when applicable, including the treatment of minor cuts, scrapes, burns and stings. Medication will not be administered by RSCA staff at any time.

Furthermore, I understand every attempt will be made to contact the parent/guardian for consultation and for them to pick up the student and address the medical need. In the event of an emergency also, I hereby give permission to medical personnel and Emergency Medical Services selected by the staff of RSA to provide transportation and treatments, including Xrays and tests, for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/ hospital where my child is transported to secure and administer treatment, including hospitalization and surgery, for my child. I agree to assume financial responsibility for all medical and hospital expenses. On behalf of the child/minor, I hereby release, discharge, and hold harmless, RSLC, RSCA, their officers, trustees, agents, and employees from and against all losses, claims, actions, costs, expenses and/or damages, including attorney fees, arising out of my/our child's participation in RSA, except for the willful misconduct or gross negligence of RSCA.

Information/Photo Consent

I give permission for my family's contact information to be distributed to other members of RSCA. I also give permission to use photo images of my family as it deems fit, in print and electronic publications.

Signed

Legal guardians of students participating must sign before the first day your family attends.

_____ Date _____

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Registration:

Student _____ Class _____ Birthdate _____
 First Middle Last

Student _____ Class _____ Birthdate _____
 First Middle Last

Student _____ Class _____ Birthdate _____
 First Middle Last

Student _____ Class _____ Birthdate _____
 First Middle Last

Address _____ City _____ Zip _____

Contact Phone _____ Email _____

Home Church _____

Parent Information

Father's Name _____ Mother's Name _____

Home Address (If Different from Student) _____

Phone _____ Phone _____

Email _____ Email _____

With whom does the child live? Both Parents Shared Mother Father _____

Emergency Contact Other than the parents; Parents will always be called first in case of emergency.

Contact _____ Phone _____

Primary Pick Up Person _____ Phone _____

Allergies/Special Dietary Needs/Prescribed Medicines

Physical Activity Restrictions or Any Nursery Specific Needs

[Over]