

**Eastside Christian Home Educators, Ltd.**  
**ESCHEL Parent Contract**

**Statement of Responsibilities**

I understand and agree that ESCHEL has been established and is operated as a Christian home education cooperative. I further understand and agree that I am responsible for paying tutor fees directly to tutors with whom ESCHEL contracts. I agree to fulfill my assigned responsibilities in the weekly activities, and I also agree to organize one extra-curricular activity which will be designated to me.

I agree that biblical principles can be discussed and will be encouraged. I agree that our behavior, dress and interaction with students and tutors will strive to be modest and respectful as following the example of Jesus our Lord.

Although every attempt will be made to encourage and exhort one another, the Board of Directors of ESCHEL reserves the right to deny or cancel membership if the above expectations are not met.

**ESCHEL Statement of Faith**

As a member of ESCHEL, I agree that we believe in the inerrancy of scripture, that Jesus Christ (the second person of the Trinity, co-equal with God the Father and God the Holy Spirit) came to earth as the Son of God to die on the cross as atonement for our sins. Faith in Christ is the only way to the Father and the only way to have eternal life.

**ESCHEL Liability Waiver**

This agreement is by and between Eastside Christian Home Educators, Ltd., a Minnesota non-profit corporation (ESCHEL), and those persons designated below as the Undersigned in the signature section. ESCHEL agrees to provide educational services to the Undersigned's children who have registered with ESCHEL. In so doing, the Undersigned acknowledge(s) and understand(s) that:

ESCHEL SHALL NOT BE LIABLE FOR ANY LOSS OR INJURY OF ANY KIND OR NATURE TO THE UNDERSIGNED, OR TO THE UNDERSIGNED'S CHILDREN, HOWEVER CAUSED, UNLESS SUCH LOSS OR INJURY RESULTED FROM THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF ESCHEL. FOR PURPOSES OF THIS AGREEMENT, "ESCHEL" INCLUDES THE OFFICERS, DIRECTORS, AFFILIATES, ATTORNEYS, REPRESENTATIVES, PARTNERS, MEMBERS, EMPLOYEES, AGENTS, SERVANTS, TUTORS AND VOLUNTEERS, THE HOST SITE, AS WELL AS THEIR RESPECTIVE HEIRS, PERSONAL REPRESENTATIVES, SUCCESSORS AND ASSIGNS OF ANY AND ALL OF THEM.

Subject to the foregoing, the Undersigned shall be responsible for, among other things, any and all medical expenses incurred by the Undersigned or the Undersigned's children for any losses or injuries sustained by the Undersigned's children while attending ESCHEL.

☐ **Yes**   ☐ **No**   I understand the program description, parental responsibilities, admissions, procedures, and other related information and agree to adhere to them.

☐ **Yes**   ☐ **No**   I grant ESCHEL permission to use photographs and video of the Undersigned's child(ren) for public relations and/or for informational purposes.

UNDERSIGNED  
(Father)

UNDERSIGNED  
(Mother)

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_