



Archers Homeschool Group

Participant Waiver, Assumption of Risk, and Release of Liability

Parent/Guardian Name: _____

Student Name(s): _____

Address: _____

Phone Number: _____

Email: _____

1. Acknowledgment of Risks

I understand that participation in activities organized by **Archers Homeschool Group**, including but not limited to educational classes, field trips, physical activities, and group events, involves inherent risks. These risks may include, but are not limited to, personal injury, illness, accidents, or property damage.

2. Voluntary Participation

I acknowledge that participation in the co-op is voluntary, and I freely assume all risks associated with my and my child(ren)'s involvement.

3. Waiver and Release

I hereby release and hold harmless **Archers Homeschool Group**, its directors, officers, board members, volunteers, instructors, agents, and other participants from any and all liability, claims, or demands arising from participation in any co-op activities. This includes liability for personal injury, illness (including communicable diseases), death, property damage, or loss.

4. Medical Treatment Authorization

In the event of an emergency, I authorize **Archers Homeschool Group** to secure medical treatment for my child(ren) and agree to be responsible for any costs incurred. I release the co-op and its representatives from liability in seeking medical care for my child(ren).

5. Photography & Media Release (Optional)

I DO give permission for my child(ren) to be photographed or recorded during co-op activities.

I DO NOT give permission for my child(ren) to be photographed or recorded.

Photos or videos may be used for co-op communications, websites, or promotional materials.

6. Code of Conduct Agreement

I agree that my child(ren) and I will conduct ourselves respectfully and follow all safety rules and co-op policies. I understand that failure to do so may result in removal from co-op activities without refund.

7. Indemnification

I agree to indemnify and hold harmless **Archers Homeschool Group** from any claims, including attorney's fees, that may result from my or my child(ren)'s participation.

Signature & Date

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Name & Phone: _____