CHALC Activity Participation Agreement

CHALC Group: MACH	
Activity:	Date:
Location:	
Student:	Age:
Parent(s)/Guardian(s):	
Address:Street/Ci	ty/State/ZIP
Daytime Phone:	Evening Phone:
Health Plan:	Policy/group #:
the student indicated above, a ("CHALC") and the CHALC me opportunity for the Student to	student indicated above ("the Student"), the parent(s)/guardian(s) of and the Coalition of Homeschoolers Across Lancaster County ember group (the "Group") indicated above. In consideration for the participate in the Group indicated above (the "Activity"), and in half of the Student, the undersigned acknowledge and agree to the
 Student, including but no bodily injury, death, emo We acknowledge and acc to/from the Activity. We accept personal final participation in and/or medical treatment render respective representative. We agree to indemnify 	y, defend, and hold CHALC, the Group, and their respective
participation in and/or t	ajury or other loss sustained or inflicted by the Student arising out of transportation to/from the Activity, whether or not such injury or ole or in part, out of negligence of CHALC, the Group, and their s.
Signature of student if 18 or olde	er: Date:
Signature of parent/guardian:	Date:
Signature of MACH Teacher lead	ding the activity: Date: