



ACKNOWLEDGEMENT AND WAIVER

The undersigned parent or legal guardian, on behalf of him/herself and his/her children, has voluntarily chosen to participate in the Homeschoolers East program. Homeschoolers East (hereinafter referred to as HSE) does not require participation in the program, the only benefit HSE hopes to derive from providing the program is the intangible value of improving each participant's educational and social opportunities.

In acknowledgement of the above statement and in consideration for participation in the HSE program, the undersigned agrees as follows:

1. That he/she is responsible at all times for the conduct and safety of him/her and his/her children while participating in the HSE program.
2. That he/she is not responsible for the conduct or safety of the children of any other participant in the HSE program.
3. That should it be necessary for the undersigned to leave the program premises while his or her children remain on the premises, the undersigned must obtain an agreement of another adult participant to supervise the undersigned's children during the undersigned's absence from the program premises.

In consideration of HSE's provision of the program, the undersigned voluntarily waives, on behalf of him/her and his/her children listed below, and any of their estates, heirs, or assigns, any and all claims for loss or injuries against HSE and other participants in the program which may be caused or result from the participation of the undersigned and his or her children in the program.

- I hereby release, hold harmless and indemnify HSE, its agents and representatives and the facility where HSE holds its classes, from any loss, claim or injury regardless of cause that may arise from any HSE meetings or activities that my family (listed on this application) may choose to attend.
- I also give permission for my child/children listed in this application to participate in any HSE activities that I have signed them up for. In the event my child/children: is injured, I waive and release all rights to any claim for damages against HSE and other participants in the program.
- I understand that my membership is based on my Membership Application, this form and my Membership Dues.
- I realize that to be a member in good standing requires me to take responsibility for the behavior and actions of my family at all sponsored activities. I have read and agree to support the Mission and Vision Statement and Core Values and to follow the guidelines established by HSE.

Names of children in HSE program:

Signature: _____

Date: _____

Name: _____

(please print)

Address: _____
