

Mother's Name: \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Father's Name: \_\_\_\_\_

Secondary Phone # \_\_\_\_\_

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

Primary Email \_\_\_\_\_

## Sugar Creek Christian Home Educators (SCCHE)

### Liability and Consent Waiver

**2018 - 2019**

I, the undersigned, am the parent or legal guardian of the children named below. My children and/or I have enrolled and intend to participate in the Sugar Creek Christian Home Educators (SCCHE) sponsored field trips/events. As a condition of my participation in any field trips/events, I agree to hold SCCHE, its officers, agents and volunteers free from all liability of claims, demands, losses, causes of action, expenses (including attorneys' fees), suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees (and any minor children or an incompetent person for whom I have the capacity to contract) may have against SCCHE or that may other person or entity may have against SCCHE because of my death bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with any SCCHE sponsored field trip/event. I also release SCCHE, its officers, agents and volunteers from any and all claims, including negligence, which may be asserted by my family member(s) or me, or on behalf of my family member(s) arising from or relating to our participation in any field trip/event. I accept that any activity to which this release applies can be dangerous and as a result of signing below, I am accepting these risks for myself and any minor participants or an incompetent person for whom I can contract.

I, the parent, agree that all parties above whom I have hereby held free from liability are only responsible for the general supervision of the logistical/educational aspects necessary to provide a safe and successful field trip/event and that they cannot and do not guarantee my or my family member's personal safety.

I further agree that I am solely responsible for behavior of my own children while we/they participate on a field trip/event. I agree to bear all costs of damages that incur as a result of my children's behavior. I am responsible for my own personal property and effects during the course of a field trip/event.

I further acknowledge that SCCHE does not provide any type of insurance liability, collision, comprehensive or medical coverage for participants who provide their own transportation or provide transportation to other individuals in connection with any SCCHE sponsored field trip/event. I agree that if I drive or provide my own motor vehicle for transportation to, during, or from the program site, I am responsible for my own acts and for the safety and the security of my own vehicle. I accept full responsibility for the liability of myself and my passengers and I understand that if my family member(s) or I were to be a passenger in such a private vehicle, SCCHE, officers, agents and its volunteers are not in any way responsible for the safety of such transportation and that SCCHE does not cover any damage or injury suffered in the course of traveling in such a vehicle.

In the event of any medical attention is needed, I authorize the leader(s) of the field trip/event or any qualified individual to administer the first aid necessary to maintain health until a physician may be reached or other medical assistance obtained. Anyone with a history of medical problems should consult with their physician prior to the field trip/event to be sure that they are in condition to make the trip or participate in the event. I accept any risks that may occur within various activities.

I have instructed my family member(s) to follow the rules of conduct as directed by the field trip/event coordinator. I realize that failure to comply with these rules will result in my family member(s) or I being asked to leave the field trip/event. I also realize that such behavior could result in SCCHE banning members of my family from future field trips/events.

I hereby give SCCHE permission to use my children's and/or my photo in any SCCHE publication.

Please list every family member living in your home: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL THE ABOVE AS IT APPLIES TO MYSELF AND TO ANY MINORS OR AN INOCOMPETENT PERSON THAT I AM REGISTERING

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Return and complete form to: **SCCHE Membership, c/o Dennis Compton PO Box 16535 Sugar Land, TX 77496**

(For SCCHE Use)

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