

SUMMER PROGRAMS

Student's Name: _____ Grade Entering: _____ Age: _____

Course: _____

Dates: _____ Cost: \$ _____ Paid: Y / N

Parent Contact: _____

Phone #: _____

Email: _____

Emergency Contact(s)

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Does the student have any allergies, medications, or health considerations that the instructor should be aware of during this course? If so, please explain and provide any necessary instructions in order for the instructor to best care for your student.

Are there any other special considerations or pertinent information the instructor should be aware of?



ACCIDENT WAIVER & RELEASE OF LIABILITY

This agreement is made between Darren Patterson Christian Academy (DPCA), as the entity receiving indemnity, and any persons participating classes, programs, events, or building usage offered through DPCA.

General Liability: I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Darren Patterson Christian Academy and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that DPCA and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL ON BEHALF OF MYSELF OR CHILD FOR WHICH I AM THE LEGAL GUARDIAN.

Special Needs/ Parent's Wishes: If you student has allergies or other medical or special needs, please write them out, sign them, attach them to this sheet and initial below. Please understand that such special needs may prevent a student from participating in some events or certain activities.

I give permission for my son/daughter to participate and agree to the terms for this program and associated activities. I am aware of risks to my child connected with this activity. Any special needs or restrictions are noted.

Participant's Signature
(If above the age of 18)

Date

Parent/Guardian Signature
(If participant is under the age of 18, parental signature is required)

Date



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