

EPIPHANY ACADEMY

For Exceptional Individuals

Agreement to Participate & Transportation Liability Waiver for Minors:

All activities involve certain inherent risks. Regardless of the care taken, it is impossible to guarantee the safety of all participants. While Epiphany Academy is using care in conducting the program, it cannot eliminate all risks from the activities.

CHILD'S INFORMATION (use additional lines if more than one child)

	First Name	Last Name	Gender	Date of Birth
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Mother's Name _____ Father's Name _____

Guardian's Name (if applicable) _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____ (We do not share email addresses)

Emergency Contact _____

Name Phone # Relationship _____

Medical Concerns/Restrictions: _____

_____, I, and all named individuals above, agree to abide by the rules and regulations set by Epiphany Academy.

I understand that violations of the rules and regulations or misrepresenting information on this form may result in the restriction, revocation, reduction, or loss of program privileges without refund. Waiver and Release: I hereby waive and release Epiphany Academy, its volunteers,

agents, and employees, from and against any claims, suits, losses, or related causes of action for damages, including attorney's fees and court costs, that may result from injury or death, accidental or otherwise, during, or arising from my child's participation in a recreation program, including transportation to and from activities associated with the program, and any resulting illness and/or injury, and I agree to indemnify and hold harmless Epiphany Academy from and against any such claims. I recognize that the recreational events or activities being entered into by my child can be dangerous to my child, and I accept those dangers. I understand that if my child is injured, this waiver will be used against me and anyone else claiming damage in any legal action because of my child's injury.

I hereby acknowledge that I understand and am familiar with the nature of the activities in which my child will participate in this program, and affirm that my child is in good health and that my child does not have a physical or emotional condition, past or present, of which I am aware, which would in any way affect my child's ability to participate in recreation programs without reasonable accommodation. I also understand that I should have health and accident insurance to cover injuries arising from participation in recreation programs. I also understand that I am responsible for either the immediate pick-up of my child upon completion of the program day or that an individual I trust with their care will be at the drop-off location at the designated time. In case of emergency, I give my permission for emergency medical treatment of my child and transportation to such treatment.

I, the undersigned, have read, understand, affirm, and agree to the above statements.

Parent/Guardian Signature: _____

Date _____

Photo/Video Consent: Photographs/videos may be taken during various programs. These photographs/videos may be used for future Epiphany Academy promotional material. Please indicate whether you will or will not grant permission to use your child's photo for these purposes.

Yes, I grant permission _____ (Signature)

No, I do not grant permission _____ (Signature)