



The River Learning Academy

Waiver & Release

To be completed by Parent(s)

BY INITIAL BELOW, WE, THE UNDERSIGNED, INDICATE AND AGREE TO THE FOLLOWING:

We agree prior to participating, we and the minor participant (student) will inspect the facilities and equipment to be used, and if we believe anything is unsafe, we will immediately advise the administrators of such conditions.

Father/Guardian Initials:_____ **Mother/Guardian Initials:**_____

We acknowledge and fully understand that each participant will be engaged in activities that involve risk of injury which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or conditions of the premises or any of the equipment used. Further, that there may be risks not known to us or foreseeable at the time.

Father/Guardian Initials:_____ **Mother/Guardian Initials:**_____

We assume all foregoing risk and accept personal responsibility for the damages following such injury.

Father/Guardian Initials:_____ **Mother/Guardian Initials:**_____

We, intending to be legally bound, do hereby release, waive, discharge and consent not to sue The River Learning Academy Co-op's administrators, board, employees or volunteers of the organization, other participants and The River Church, all which are herein after referred to as "releases" from any and all liability to each the undersigned, his or hers and next of kin for any claims, demands, losses or damages, on account of injury, including death or damage to property, caused or alleged to cause in whole or part by negligence to the release or otherwise in connection with association or entry and/or arising in participation in activities led by The River Learning Academy Co-op.

Father/Guardian Initials:_____ **Mother/Guardian Initials:**_____

We hereby release all members of The River Learning Academy Co-op of any and all liability resulting from medical treatment. We understand if medical attention is necessary and I/we am not present, The River Learning Academy Co-op has my permission to call an ambulance to transport me or my child(ren) to the nearest medical facility for emergency medical treatment.

Father/Guardian Initials: _____ **Mother/Guardian Initials:** _____

We are responsible for any expenses incurred.

Father/Guardian Initials: _____ **Mother/Guardian Initials:** _____

We have read and agree to these terms and have, to the best of our ability, filled out the Medications, Allergies and Special Needs information as accurately and comprehensively as possible. We understand that if our child(ren) has special needs, allergies, etc. it is our full responsibility to care for the needs of our child(ren). In addition, as indicated in the Waiver and Release Form we understand and agree that The River Learning Academy Co-op, its members, instructors, helpers and board are released from any liability, as discussed in the Waiver and Release and also any liability that could result from information submitted by us.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____