

Studio One Homeschool Resource Center

Family Enrollment Form & Waiver of Liability

Parent Names: _____

Address: _____

Phone: _____ Secondary Number: _____

Preferred way of contact: CALL TEXT EMAIL _____

All children participating at Studio One Homeschool Resource Center				
<i>Name</i>	<i>Date of Birth</i>	<i>Age</i>	<i>Grade</i>	<i>Medical Concerns, Allergies, Medications</i>

Waiver

I am the parent/guardian of _____, a minor(s). I hereby give permission for my child(ren) to participate in Studio One Homeschool Resource Center (SOHRC) and it's sponsored activities. I agree to waive and indemnify SOHRC, it's representatives, and volunteers from any and all responsibility owed to the student, the parent, or the legal representative, heirs and assigns from any and all claims, demands, actions, judgements, causes of action or damages that the parent or student ever had or may have, whether caused by negligence of SOHRC, while the student is participating at SOHRC or sponsored SOHRC activities. (_____)

Medical Release

Should my child need medical treatment while attending the activities of SOHRC, I grant the authority to SOHRC to consent to medical treatment in the event I cannot be contacted. This authorization expressly includes the authority to sign releases on my behalf for medical services and facilities. I promise to assume liability for payment of all such medical services and facility fees that may be incurred on behalf of my child. (_____)

Photography

Pictures may be taken during SOHRC activities. I { give / do NOT give } my permission to use these pictures for promotion of SOHRC. I understand that my child's name will not be used and that these pictures will never be sold. (_____)

Printed Name

Signature

Date