



Olive Tree Homeschool Enrichment Program

Waiver of Liability & Emergency Medical Authorization

HEALTH AND ACCIDENT

I/We the parents of _____ release the faculty and staff of the Olive Tree Homeschool Enrichment Program (the "Program") from liability for damages or injuries resulting from my/our child(ren) participation in all normal Program activities. Safety rules are an important part of leaning in any environment, and I/we understand that every effort will be made to teach my/our child(ren) the rules of safe conduct while he/she/they is attending the Program. I/We will not hold the faculty or staff or the Program or Summitview Community Church responsible, either jointly or severally, for injuries that result from my/our child(ren) direct disobedience of prescribed safety rules.

DISCIPLINE

I/We understand that the purpose of attendance at the Program is to enrich my/our child(ren) academically. I/We understand that if my/our child(ren) is disruptive during classes, the other children are unable to benefit from instruction. The Faculty and/or Staff may find it necessary to notify me/us that my/our child(ren) should be sent home if this situation occurs. If disruptive behavior continues, the Faculty and/or Staff may require expulsion of my/our child(ren) from the class(es) he/she/they may be enrolled in at that time. We/I understand that if expulsion is required, program fees will be prorated from the day my/our child(ren) was expelled with the remaining balance returned to me/us within 30 days following expulsion. Registration fees will be forfeited if expulsion occurs.

EMERGENCIES

In case of an emergency, I/we understand that every effort will be made to contact the persons below. However, if I/we/they cannot be contacted,, I/we hereby authorize a faculty or Staff member of the Program and/or a physician selected by the faculty or staff member, to secure an indicated treatment, including hospitalization, to safeguard the welfare of my/our child(ren). I/we will accept responsibility for all expenses incurred in such treatment.

In case of an Emergency, please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Health Treatment Information:

Do you have Health Insurance Carrier? Yes ___ No ___

If yes, Carrier Name: _____ Policy # _____

Family Doctor/Pediatrician: _____

Address: _____

Phone: _____

Known Allergies: _____

Individuals (other than parents) Authorized to Pick-Up my/our Child(ren):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I/We understand and agree to the policies, provisions and waivers above:

Father's Signature: _____ Date: _____

Mother's Signature _____ Date: _____