

MEDICAL RELEASE AND WAIVER OF LIABILITY

You must sign this "Release & Waiver Form" to participate in Seeds of Faith Co-op.

Seeds of Faith is a non-profit, volunteer-based organization that provides a forum for conducting enrichment classes from a Christian worldview for all families that home educate their children, regardless of their race, color, national or ethnic origin, religion, or educational handicap.

I, my family, and any of my representatives, hereby release Seeds of Faith and Dryden Wesleyan Church and their respective officers, members, employees, and volunteers (referred to collectively here as "SOF Co-op"), from any and all liability for damage or injury to my children or myself or to any person or property during the time of my, or my family's, attendance at SOF Co-op activities whether or not such damages were sustained in connection with any SOF Co-op activities. I hereby agree to indemnify and hold harmless SOF Co-op from any claims, including the cost of expenses, arising in connection with injuries or damage sustained by me or my children or attendants. I assume full responsibility for my family's behavior, for assuring their supervision during SOF Co-op activities, and for any damage or injury caused by my family's actions. We, the parent(s) or legal guardian of (list all children participating)

hereby give permission to participate in the SOF Co-op classes.

We believe that the necessary precautions and plans for the care and supervision of the student during the classes will be taken. Therefore, we will not hold Dryden Wesleyan Church, Seeds of Faith, or those supervising the classes responsible for any unavoidable accident. Should an accident occur, we give the sponsor authority to act on our behalf in providing immediate medical care in the nearest medical facility. Prior to care being given, we understand that every reasonable effort will be made to contact us.

To medical facility - *As the parent(s) or legal guardian of the minors listed above, I hereby authorize the holder of this form to act upon my behalf in the immediate medical care of my minor child(ren) in the event of an emergency situation which all reasonable effort to reach me have failed.*

I further acknowledge and certify I am the legal guardian or parent of the minors listed above.

I give permission for my family's contact information to be published in a directory distributed to other group members. To opt out of the directory, please check here:

SOF Co-op representatives sometimes take photographs for the co-op's use in print and electronic publications. This serves as public notice of SOFs intent to do so and as a release to SOF of permission to use such images as it deems fit. If you should object to the use of your photograph, you have the right to withhold its release by checking this box:

Both parents must sign before classes begin.

Parent Signature _____ Date _____
Parent Signature _____ Date _____