

Family Consent and Activity Release Form

★ (1) Complete Form, (2) Read and Initial Paragraphs, and (3) Sign.

Last Name _____ Father's Name _____ Mother's Name _____

Consent

_____ Initial
I consent for myself and any child listed below to participate in any activity sponsored by High Country Home Educators (High Country) or any division thereof including Enrichment Class Program, which activities include but are not limited to running, jumping, tumbling and other activities related to recreational or competitive sports activities. These activities are sponsored by High Country Home Educators or any division thereof including Enrichment Class Program, and held at the New Life Church facilities. I understand that these activities and the facilities where they are conducted involve some inherent risks. Nevertheless, I want myself (and any listed child) to have the opportunity to participate in the activities sponsored High Country, and this Activity Release is given in exchange for that opportunity.

_____ Initial
I, individually, and in my capacity as parent, guardian, or next friend of any listed child, waive, release, indemnify, and promise not to sue High Country or New Life Church and all of its constituent organizations, agents, ministers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, **including the released parties' own negligence**, that have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage, loss, or injury to me, my spouse, any listed child, my property, my spouse's property, or the property of any listed child. **I fully assume the risks associated with participating in this activity.** This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct, gross negligence, or intentional acts.

_____ Initial
In case of medical need or injury, I understand that High Country or New Life Church will make every reasonable effort to contact me (in the case of an injury to my child) or my emergency contact. In the event that I or my emergency backup contact cannot be reached, I authorize High Country or New Life Church to arrange for medical services for me or for any listed child. I will be responsible for any medical and related expenses for me or such child. **Any provider of care can rely on this Consent as authority to treat me or such child as appropriate and to bill me directly for the costs thereof. I agree that I am responsible for communicating any relevant medical conditions pertaining to me or such child to High Country using the Family Emergency Information Form.**

_____ Initial
I understand that High Country or New Life Church may take photographs of me or a listed child in the course of its activities, and I grant High Country or New Life Church permission to publish such photographs in a manner High Country or New Life Church deems appropriate. To revoke this agreement, I must notify the HCEC Administrator in writing in advance of the event.

Statement of Belief

_____ Initial
I understand that the tenets in the New Life Church Statement of Belief, as found in the Family Handbook, may be taught through the High Country Enrichment Class program, and I am comfortable with my child(ren) receiving this instruction.

Family Handbook

_____ Initial
I understand that I am responsible for reading and understanding all information in the High Country Enrichment Class Family Handbook, and I have/will instruct(ed) my child(ren) in the appropriate behavior.

Financial Agreement

_____ Initial
I understand that I am personally responsible for all balances due, regardless of funding sources, by the fifth week of classes. The final bill will be distributed **March 6, 2018** and the balance is due **March 14, 2018**. Students will be allowed to make class changes by 2:00 pm in person at HCEC (or 5:00 pm for drops only by email ECRRegistrar@hche.org) through the second class of the semester which is **February 21, 2018**. After the designated deadline during the second week of class, **the full class cost will be due even if the student withdraws.**

_____ Initial
I understand that the \$20 Registration Deposit per class is non-refundable and can only be refunded if HCEC cancels a class.

_____ Initial
I understand that if my student's schedule changes, the Registration Deposit can be transferred to the Registration Deposit for a replacement or new class for the student or another family member. I understand that the Registration Deposit may not be transferred to the cost of a homework room.

Child Supervision Responsibility when Parent is ***NOT*** on campus

_____ Initial
I understand that I am personally responsible for my child(ren)'s safety and supervision during the time that he/she is attending HCEC classes at New Life Church. Students must have a Supervising Adult, 18 or older, onsite at all times. ***In the event that I must leave the premises for any reason during classes and depart from campus, I agree to designate a Supervising Adult at Guest Services each time I leave.***

_____ Parent's or Guardian's Signature

_____ Date

Office Use Only: Check Green Card/paperwork for the following items:

- | | |
|--|--|
| <input type="checkbox"/> Fill in HCEC Grade Level according to age box | <input type="checkbox"/> Completion of class schedule worksheet |
| <input type="checkbox"/> Teacher Exception Form if needed | <input type="checkbox"/> Verify signatures/initials on Family Consent Form |
| <input type="checkbox"/> Verify signatures/initials on Family Emergency Information Form | |