

# **iL.E.A.D. Success Tutoring and Mentoring**

*Liability Release Form (Science Demonstrations)*



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Name of Child

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Address

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Parent/Legal Guardian

Telephone

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Activities being participated in:

Science Demonstrations – personal protection equipment supplied (i.e. safety glasses, gloves & lab coat)

I acknowledge that the activity described in the schedule can be hazardous and that my child participates at his/her own risk. I understand that iL.E.A.D. Success Tutoring and Mentoring will take reasonable steps to provide a safe environment for my child and to ensure that all equipment supplied by them for the activity is of a reasonable standard.

I acknowledge that iL.E.A.D. Success Tutoring and Mentoring will not be liable for any injury that may be suffered by my child, which arises either directly or indirectly from, or in connection with, the activity described in the schedule incorporated in this form.

I hereby agree to indemnify iL.E.A.D. Success Tutoring and Mentoring against any and all claims arising from, or in connection with, any injury that may be suffered by my child, or that my child may cause to another person, as well as any loss or damage to property, equipment or personal effects belonging to my child, or any other person or business entity, arising either directly or indirectly out of or in connection with the activity described in the schedule incorporated in this form.

I agree that iL.E.A.D. Success Tutoring and Mentoring may authorize on my child's behalf whatever medical treatment s/he may require. (This includes, but is not limited to, ambulance service and hospital treatment.) I agree to pay all medical expenses incurred.

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## **Information for Emergency Use Only**

Person to Contact in an Emergency

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Telephone Number of Emergency Contact

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Name of Family Doctor

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Doctor's Address

Doctor's Contact Number

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Medical Conditions/Allergies

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**Signed**

**Date**

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Parent or Legal Guardian