



Last Name: _____

This forms applies for the 2018/2019 school year; from August 1, 2018 – May 31, 2019.

Risen Savior Lutheran Church will make every attempt to provide a safe environment and considers the safety of all patrons and especially children a priority. To participate in Risen Savior Academy, I and legal guardian of:

Liability Waiver

do hereby acknowledge that participation in in Risen Savior Academy (RSA) and utilization of the facility, grounds at Risen Savior Lutheran Church (RSLC) could expose us to the possibly of risk or injury. In consideration of my family being permitted to participate in RSA, I do hereby release and agree to hold harmless RSA and RSLC and its and their respective officers, members, employees, and volunteers from any and all liability for claims, damages, or injury including costs and attorneys fees, to my family or any personal property during the time of our attendance at RSA/RSLC activities. I assume full responsibility for my family's behavior, and for any damage or injury caused by my family's actions. I agree that my family shall not now, or at any time in the future, directly or indirectly, initiate or prosecute any action, suit, or other legal proceeding against either RSA or RSLC arising out of, relating to, or in connection with the RSA. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Kansas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Medical Consent

And understand students who are required to bring medication to school to treat acute or chronic medical conditions are responsible for storing the medication and taking it as directed. At no time should a student share his or her medication with any other individual. Additionally, students indicating the use of Ibuprofen or Acetaminophen will be provided with these medications on an as needed basis according to the dosage prescribed by the parent permission. If there are questions about the use of a specific medication, a parent will be contacted prior to the administering of the medication.

Furthermore, I hereby give RSA staff permission to administer basic first aid when applicable, including the treatment of minor cuts, scrapes, burns and stings. Medication will not be administered by RSA staff at any time.

Furthermore, I understand every attempt will be made to contact the parent/guardian for consultation and for them to pick up the student and address the medical need. In the event of an emergency also, I hereby give permission to medical personnel and Emergency Medical Services selected by the staff of RSA to provide transportation and treatments, including Xrays and tests, for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/ hospital where my child is transported to secure and administer treatment, including hospitalization and surgery, for my child. I agree to assume financial responsibility for all medical and hospital expenses. On behalf of the child/minor, I hereby release, discharge, and hold harmless, RSLC, RSA, their officers, trustees, agents, and employees from and against all losses, claims, actions, costs, expenses and/or damages, including attorney fees, arising out of my/our child's participation in RSA, except for the willful misconduct or gross negligence of RSA.

Information/Photo Consent.

I give permission for my family's contact information to be distributed to other members of RSA. I also give permission to use photo images of my family as it deems fit, in print and electronic publications.

Signed

Legal guardians of students participating must sign before the first day your family attends.

_____ Date _____