

MEDICAL RELEASE AND WAIVER OF LIABILITY

The undersigned person(s) hereby agree that they are voluntarily signing this "Release & Waiver Form" so that one or more children may participate in Janesville Christian Homeschool Co-op.

Janesville Christian Homeschool Co-op is a non-organized non-profit, volunteer-based group of families that provides a forum for conducting enrichment classes from a Christian worldview for all families that home educate their children, regardless of their ethnic origin, denomination, or educational and/or physical handicap.

I, my family, and any of my representatives, hereby release Janesville Christian Homeschool Co-op, its board, members, and participants, Resonate Church and their respective officers, members, employees, and volunteers (referred to collectively here as "JCHCo-op"), from any and all liability for damage or injury of every kind to my children or myself or to any person or property during the time of my, or my family's, attendance at JCHCo-op activities whether or not such damages or injuries were sustained in connection with any JCHCo-op activities. I hereby agree to indemnify and hold JCHCo-op harmless from any claims, including the cost of expenses and attorneys' fees, arising in connection with injuries or damage sustained by me or my children or attendants. I understand that having my children participate in JCHCo-op is an assumption of risk that I am willing to bear as a parent. I assume full responsibility for my family's behavior, for assuring their supervision during JCHCo-op activities, and for any damage or injury caused by my family's actions. We, the parent(s) or legal guardian of (please print names of all children participating)

hereby give permission for our/my children named above to participate in the JCHCoop classes. If an accident occurs, we give the parental adults in authority to act on our behalf in providing immediate medical care in the nearest medical facility. Prior to care being given, we understand that reasonable effort will be made to contact the parent or legal guardian of the child(ren) named above. 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) named above in the event of an emergency situation. 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 initial here: _____

JCHCo-op representatives sometimes take photographs for JCHCo-op's use in print and electronic publications. This serves as public notice of JCHCo-op's intent to do so and your signature below serves as a release to JCHCo-op of permission to use such images as JCHCo-op deems fit. If you object to the use of photograph of your family, you have the right to withhold permission and release by initialing here: _____

Parents must sign before classes begin.

Parent Signature _____ Date _____

Parent Signature _____ Date _____