
T.E.A.C.H.
To Encourage And Challenge Homeschoolers

**RELEASE OF ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE
PARENT OR LEGAL GUARDIAN CONSENT FOR PARTICIPATION IN T.E.A.C.H.**

T.E.A.C.H. is a coalition of teachers, administrators, and support volunteers who have joined together to offer private classes to homeschooled students. Each teacher is an independent contractor. T.E.A.C.H. is not a legal entity.

I am the parent or legal guardian of the following "Participants":

I give my consent and approval for the "Participants" listed above to participate in T.E.A.C.H. classes held at Field Street Baptist Church.

I recognize and acknowledge that certain risks of personal physical injury, property damage, or other losses exist. I further recognize that the T.E.A.C.H. program is not associated with Field Street Baptist Church and that we are guests in their facility. I assume all risks of any such personal injuries, property damages, or other losses. I also assume responsibility for any damage that a Participant listed above may cause, intentionally or unintentionally, to Field Street Baptist Church.

I fully release and discharge Field Street Baptist Church, its staff & employees and T.E.A.C.H. teachers, administrators, and volunteers from any and all claims from personal injuries, property damages or other loss that Participant may suffer on account of participation.

I indemnify and hold harmless Field Street Baptist, its staff and employees, and T.E.A.C.H. teachers, administrators, and volunteers from all claims, suits, actions, injuries, damages, and losses sustained by Participant and arising out of, connected with, or in any way associated with Participant's participation.

I give my permission for any representative of Field Street Baptist church or T.E.A.C.H. to obtain necessary emergency medical treatment for Participant and I assume responsibility for any medical bills incurred in connection therewith.

Insurance information:

Name of insurance _____

Group # _____

I HAVE FULLY READ AND UNDERSTAND THE FOREGOING.

Name of Parent or Legal Guardian

(Print) _____

Signature of Parent or Legal Guardian

Date _____