## T.E.A.C.H. Elementary

## 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    |
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| 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 Holy Comforter 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 Holy Comforter 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 Holy Comforter Church.

I fully release and discharge Holy Comforter 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 Holy Comforter Church, 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 Holy Comforter 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.

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| 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  |

Insurance information: