



HERITAGE CHRISTIAN SCHOOL

Behold, children are a heritage from the Lord. Psalm 127:3

Release of Liability Parental Waiver

I (*parent's name*) _____, Releaser, of (*address*) _____, San Diego County, California, the parent and guardian of _____, execute this Release on this ____ day of _____. I do hereby grant my permission for my child to participate in the activities covered below. In consideration of (*child's name*) _____ being able to participate in the **GRAD NITE event at Disney's CA Adventure Park in Anaheim, CA. on May 25th to 26th, 2022**, I hereby waive and release (*child's name*) _____, Release, of (*child's address*) _____, San Diego County, California, from any and all claims for loss or damage, including personal injury or death to minor, whether or not caused by or resulting from negligence of Release, or negligence of minor while attending the Heritage Christian School sanctioned event.

This waiver shall be binding upon myself, as parent and guardian, as well as my spouse, heirs, legal representatives, and assigns and upon said minor child, his or her heirs, legal representatives, and assigns. This waiver is executed in favor of its officers, members, and employees, as well as Releasee's successors, assigns, and legal representatives, as well as Heritage Christian School, coordinators of this event, chaperons, and each of their officers, members, employees, successors, assigns, and legal representatives.

Releaser, the parent and guardian of _____ agrees that if any portion of this waiver shall be held invalid under the laws of California, those parts that are not held invalid shall continue in full force and effect.

I, _____, state that I have carefully read the entire foregoing waiver and that I know and understand the contents. I have signed this waiver freely, and of my own accord, and I am not signing this waiver under duress.

Releaser has executed this release at Heritage Christian School office, the day and year first above written.

_____ (*parent's signature*)

Medical Release Form

I (*parents/guardian name*) _____ hereby give permission for any and all medical and/or ambulatory attention to be administered to my child, (*child's name*) _____, in the event of accident, injury, sickness. I also assume responsibility for the payment of any such treatment.

Address: _____

Emergency Contact Number: _____

Insurance Company: _____ Policy Number: _____

Physician: _____ Phone Number: _____

Address: _____

Known Allergies: _____

Signature (*parent/guardian*): _____ Date _____