Veritas Christi Hybrid Academy

VCH Health Release Form

I, _____ (please print), sign this agreement on behalf of myself and my family, in acknowledgement of the contagious nature of some illnesses and voluntarily assume the risk that my family may be exposed to or infected by such maladies at activities related to the daily or extended functions of Veritas Christi Hybrid Academy, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected with such maladies through such interactions may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Veritas Christi Hybrid Academy Board and all participating teachers and families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind, that I, my family and my child(ren) may experience or incur in connection with my/my family's attendance at Veritas Christi Hybrid Academy ("Claims"). On behalf of myself and my children, I hereby release, covenant not to sue, discharge, and hold harmless the Veritas Christi Hybrid Academy Board and all participating teachers and families of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omission, or negligence of the Veritas Christi Hybrid Academy Board and all participating teachers and families, whether any malady occurs before, during, or after participation in Veritas Christi Hybrid classes or activities.

Parent/guardian signature _____

Contact, phone _____ Date _____

Alternate contact person and phone _____

Children's names _____

Pediatrician's name and phone _____

Insurance company, policy # _____

Please record medical conditions (diabetes, asthma, heart, anxiety, depression) and allergies (bee stings, peanuts) and instructions (how to use epipens) that we should know about on the back of this page.