

New Student Enrollment and Participation Waiver

Chinese Language After School Class by OCAC

Location: Deterding Elementary School, 6000 Stanley Ave, Carmichael, CA 95608

Time: School dismissal until 4:00PM on Fridays when there are full days of school.

OCAC will be referred to as “Provider”

Participant Information

Name: _____

Grade: _____ Teacher: _____

Parent(s) Information

Name: _____

Address: _____

Emergency Phone Number: _____

Email: _____

Please list the people who can pick up your children, including their names, relationship, and cell numbers. ID needs to be provided for verification. Parents/Guardians need to pick up their children punctually and sign them out with time/date.

- 1.
- 2.

After the program ends, I give my consent that my child can walk back by herself/himself to the Discover Club or Bridge on campus. ____ Yes ____ No

Waiver and Release of Liability:

I, [Participant Name], understand and acknowledge that participation in classes, workshops, and related activities (collectively, the "Activities") conducted by ("Provider") involves inherent risks and dangers of accidents, injury, and physical harm including, but not limited to, bruises, cuts, and more serious injuries such as permanent disability or death. These risks may arise from my own actions or inactions, those of others, the conditions in which the Activities take place, or the negligent acts or omissions of the Provider.

In consideration of being permitted to participate in the Activities, I hereby agree to release, waive, discharge, and covenant not to sue the Provider, its officers, directors, employees, agents, volunteers, and representatives (collectively, the "Releasees") from all liability to me, my personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore, on account of injury to my person or property or resulting in my death, whether caused by the negligence of the Releasees or otherwise while I am participating in the Activities.

Assumption of Risk:

I am fully aware of the risks and hazards connected with the Activities, and I hereby elect to voluntarily participate in the Activities. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of participating in the Activities, whether caused by the negligence of Releasees or otherwise.

Medical Attention:

I hereby give my consent to the Provider to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation in the Activities.

Photography/Video Release:

I understand that during my participation, I may be photographed or videotaped. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Provider, including promotional and marketing materials.

Acknowledgment of Understanding:

I have read this waiver and release of liability, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature for it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

As the parent or legal guardian of the above-named minor, I hereby give my approval for his/her participation in the Activities. I have read and understood this waiver and release of liability, and I voluntarily agree to its terms on behalf of the minor participant.

Parent/Guardian Signature: _____ **Date:** _____