

Liability and Medical Release Form

I, the undersigned, am aware that during Orchards activities in which I am participating, under the arrangement of Orchards Homeschool Cooperative and its hosting organization(s), it's Leadership Committee, and Orchards parents, certain risks and dangers may be present or occur, including but not limited to, illness or injury.

I hereby irrevocably consent for the below named children to attend Orchards Homeschool Cooperative events at various locations for the 2014-2015 school year. I release Orchards Homeschool Cooperative Leadership Committee, teachers, and helpers from any and all responsibility and liability that my family may sustain, including any minors accompanying me.

In the event of an emergency, I authorize the leadership of Orchards to act as an agent for me, if I am unable to be reached, to consent to any emergency medical treatment necessary either at a doctor's office or hospital. I expect to be contacted as soon as possible in case of such an emergency.

I further agree to obey and follow all rules, regulations, and instructions given in the Parent Handbook. The terms hereof shall serve as a release, indemnification, and assumption of risk for all members of my family, including minors for whose care I am responsible. This is a legally binding document, which I have read and understand. A Parent or Guardian must give permission for all persons under the age of 18.

Additionally, I consent to and authorize the use and reproduction by Orchards Homeschool Cooperative, or anyone authorized by Orchards, of any and all photographs which may be taken during an event or outing for advertisement or promotional purposes, without further compensation to me.

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant signature(s) \_\_\_\_\_

\_\_\_\_\_

Insurance Company \_\_\_\_\_

Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Member Name \_\_\_\_\_

Family Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Please contact the following in case of an emergency where I/we (the parents) cannot be contacted immediately.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Family Medical Information**

Please list any food or drug allergies and any medications your child(ren) are currently taking. This information will be kept confidential and would only be used in case of an emergency.

Student:

Food Allergies:

Medications:

Drug Allergies:

Please indicate any other medical conditions or special needs below:

---

Student:

Food Allergies:

Medications:

Drug Allergies:

Please indicate any other medical conditions or special needs below:

---

Student:

Food Allergies:

Medications:

Drug Allergies:

Please indicate any other medical conditions or special needs below:

---

Student:

Food Allergies:

Medications:

Drug Allergies:

Please indicate any other medical conditions or special needs below:

---

Additional children can be entered on a separate sheet of paper.