



# ORCHARDS Homeschool Cooperative

*Organization Reaching Christian Homeschoolers Advancing, Rearing, and Developing Students*

## Liability Release Form

Last name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Waiver is for use for the current year.

Printed Name(s) of family members: \_\_\_\_\_

*I understand that family and individual participation in ORCHARD Activities or Events may be hazardous for the above-named participants. In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in events or activities. I hereby release ORCHARDS, its officers, employees, host facilities, or agents from any liability, costs and / or damages resulting in my families' participation. If the participant is a minor, I agree that the minor has my consent to participate in the events or activities. I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.*

*Each child (participant) to sign below if capable:*

_____ / _____	_____ / _____
_____ / _____	_____ / _____
_____ / _____	_____ / _____
_____ / _____	_____ / _____

*Participant's signature / Date*

*Participant's signature / Date*

\_\_\_\_\_/\_\_\_\_\_  
*Printed names of Parents or Guardians*

\_\_\_\_\_/\_\_\_\_\_  
*Signature of Father / Guardian 1 / Date*

\_\_\_\_\_/\_\_\_\_\_  
*Signature of Mother / Guardian 2 / Date*