

Sugar Creek Christian Home Educators (SCCHE)

Liability and Consent Waiver 2011-12

Mother's Name: _____

Mother's Cell # _____

Father's Name: _____

Father's Cell # _____

Address: _____

Home Phone#: _____

- I, the undersigned, am the parent or legal guardian of the children named below. My child(ren) and/or I have enrolled and intend to participate in the Sugar Creek Christian Home Educators (SCCHE) sponsored field trips/events. I agree to hold SCCHE, its officers, agents and volunteers free from liability in the event that my family member(s) or I suffer personal/property injury or damage as a result of participating in a field trip/event. I also release SCCHE, its officers, agents and volunteers from any and all claims, including negligence, which may be asserted by my family member(s) or I, or on behalf of my family member(s) arising from or relating to our participation in any field trip/event.
- I, the parent, agree that all parties above whom I have hereby held free from liability are only responsible for the general supervision of the logistical/educational aspects necessary to provide a safe and successful field trip/event and that they cannot and do not guarantee my or my family member's personal safety.
- I further agree that I am solely responsible for behavior of my own child(ren) while we/they participate on a field trip/event. I agree to bear all costs of damages that incur as a result of my child(ren)'s behavior. I am responsible for my own personal property and effects during the course of a field trip/event.
- I further agree that if I drive or provide my own motor vehicle for transportation to, during, or from the program site, I am responsible for my own acts and for the safety and the security of my own vehicle. I accept full responsibility for the liability of myself and my passengers and I understand that if my family member(s) or I were to be a passenger in such a private vehicle, SCCHE, officers, agents and its volunteers are not in any way responsible for the safety of such transportation and that SCCHE does not cover any damage or injury suffered in the course of traveling in such a vehicle.
- In the event of any medical attention is needed, I authorize the leader(s) of the field trip/event or any qualified individual to administer the first aid necessary to maintain health until a physician may be reached or other medical assistance obtained. Anyone with a history of medical problems should consult with their physician prior to the field trip/event to be sure that they are in condition to make the trip or participate in the event. I accept any risks that may occur within various activities.
- I have instructed my family member(s) to follow the rules of conduct as directed by the field trip/event coordinator. I realize that failure to comply with these rules will result in my family member(s) or I being asked to leave the field trip/event. I also realize that such behavior could result in SCCHE banning members of my family from future field trips/events.
- My family member(s) and I will make every attempt to conduct ourselves in a Christian manner possessing the fruits of the Spirit, which are: love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control.
- I hereby give SCCHE permission to use my child(ren)'s and/or my photo in any SCCHE publication.

By my signature below, I hereby agree to and fully understand all the above issues and conditions and accept full responsibility as outlined above.

Please list every family member living in your home: _____

Member Signature: _____ Date: _____

Please print your name: _____