

**PERMISSION TO PARTICIPATE IN OFF-CAMPUS SCHOOL ACTIVITIES**

I, \_\_\_\_\_, for my child, \_\_\_\_\_, apply to Ouachita Hills Academy ("School") to participate in activities ("Activity") scheduled while my child is enrolled at Ouachita Hills Academy. I acknowledge, agree to, and represent, the following for myself and my child, in consideration of the opportunity to be provided by the School (contingent upon its agreement to my child's participation).

**Acknowledgment and Assumption of Risk.** I acknowledge that participating in the Activity involves risks of serious damage and harm to persons and property, and even death, and my child and I assume those risks, including risks arising from acts or failures to act of the School.

**Information Relied on by School.** I am the parent or legal guardian for the child for whom this document is signed. My child is in good health and sound mind. I have or will discuss my child's participation in the Activity with my physician, and receive a vaccination if he deems necessary. My child will participate in the Activity only if I have received my physician's approval and believe that my child is able to participate without harm. I acknowledge that the School is under no obligation to, and may not, assess or approve my child's fitness for participation. I am under no force or duress of any kind to compel my child's participation in the Activity or my signing of this document.

**Release.** THIS DOCUMENT IS INTENDED TO ABSOLVE THE SCHOOL OF ANY LIABILITY TO ME OR MY CHILD THAT IS RELATED TO MY CHILD'S PARTICIPATION IN THE ACTIVITY. Accordingly, I hereby release the School from, waive, and will never sue the School for any damage (whether damage to loss of property, finances, life, body, mind, or emotions), costs, suit, demand, claim, or other liability, that arises or is alleged to arise from or in connection with my child's participation in the Activity. Such liability includes a liability that arises or is alleged to arise from the School's negligence (but not its willful and wanton misconduct). Such liability also includes any liability that arises or is alleged to arise from claims for contribution by another that my child or I have sued or from whom my child or I have received compensation.

**Medical Permission.** I give my permission for my child to be treated for illness or injury sustained while participation in the Activity, including by the administration of emergency anesthesia or surgery; and authorize the adult leaders of the Activity to act on my behalf in ordering such treatment.

**Definitions.** (a) references to "me", "my", and "I" shall include and bind my spouse, any parent of the child for whom this document is signed, any guardian or other person with responsibility for the care and supervision of such child, and any insurer, heir, estate, legal representative, executor, administrator, successor, or assign of me or such child. (b) "Participation" or "participation" in the activity includes planning and preparing for, traveling to, and traveling from, as well as participating in, the Activity. (c) The "School" includes (i) its affiliates, and institutions cooperating in the Activity; (ii) the members, directors, officers, employees, volunteers, and agents of the School or such affiliate or institution; and (iii) the spouses, insurers, heirs, estates, legal, representatives, executors, administrators, successors, estates, and assigns of any of the foregoing.

County: \_\_\_\_\_  
State: \_\_\_\_\_

PARENT / GUARDIAN

Sworn to and subscribed before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

Notary Public: \_\_\_\_\_  
My commission expires: