

**IRETON CHRISTIAN SCHOOL SIGNATURE FORM
2020-2021**



STUDENT'S NAME(S) AND GRADE(S)

PERMISSION 2020-2021

I affirm that I am the parent/guardian of the student(s) listed above and give permission for him/her to attend official school sanctioned events for the school year listed above off the Ireton Christian School campus.

PARENT SIGNATURE _____

STUDENT PHOTO 2020-2021

I hereby give permission for Ireton Christian School to use the above listed student(s) picture in the Beacon, newspaper, or other school publications. The picture will only be used to show activities or accomplishments of the children.

PARENT SIGNATURE _____

LIABILITY RELEASE 2020-2021

I have agreed in good faith to allow my son/daughter to be driven back and forth to participate in the events/activities of Ireton Christian School during the above listed school year, knowing that the staff is attempting to provide an event/activity that is beneficial to my son/daughter for whom I am legally responsible. With this understanding, I agree to forfeit any right to hold the officers, staff, and leaders of Ireton Christian School responsible for any accident that may occur to/from/during these services/events/activities. I understand that in the event the student for whom I am responsible causes damage or trauma to any person or property, that I will be financially and legally responsible for my son/daughter's behavior. I also understand that he/she may be expelled from an event/activity due to gross misconduct or inappropriate and disobedient behavior, that I will be financially and physically responsible for bringing him/her home.

PRINTED NAMES _____

PARENT/GUARDIAN SIGNATURES _____

DATE _____

HEALTH INFORMATION 2020-2021

Parent Phone Numbers/Other Emergency Names and Phone Numbers:

- 1. _____.
- 2. _____.
- 3. _____.
- 4. _____.

Health Insurance Company _____ **Policy No.** _____

List any medical conditions/health concerns that school needs to be aware of and student's name:

(examples: controlled medications, asthma, diabetes, heart conditions, seizure disorders, hearing/vision difficulties, allergies, etc.)

Reactions we would notice: _____

Please explain any medical conditions below – What might happen – What we should do?

I understand that, in the case that medical treatment is deemed necessary by any staff member or leader while at events, effort will be made to contact me at the phone numbers listed above if time permits. If I cannot be reached, however, or if time does not allow, I give permission to the staff or leaders of Ireton Christian School to secure the services of a licensed physician to provide any care necessary, including anesthesia, for the well-being of my son/daughter.

PARENT SIGNATURE _____

TEXTBOOK REQUEST AFFIDAVIT 2020-2021

Name of Student(s) & Grade

Nonpublic School Attended Ireton Christian School

School District of Residence _____

Parent's or Guardian's Signature _____

Date _____ *Address* _____

ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. However, there remain many unknowns about COVID-19, how it spreads, and its impact on a student. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Ireton Christian School programming and that such exposure or infection may result in severe illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Ireton Christian School programming may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ICS employees, contractors, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at ICS ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless ICS, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of ICS, its employees, contractors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any ICS programs.

PARENT SIGNATURE _____

DATE _____