



ASPEN CREEK ACADEMY

GROWING THE FUTURE

Release of Claims And Authorization For Emergency Care

This Release of Claims and Authorization for Emergency Care ("Release") pertains to the following activities which _____ ("Minor") will engage in while attending Aspen Creek Academy: walking trips, special excursions, play time in public parks; transportation in vehicles owned or provided by Aspen Creek Academy ("the Activities").

I, _____, represent that I am the parent or legal guardian of the Minor; that I have fully informed myself of this Release by reading it before signing, and that I have fully informed myself of the details and risks of the Activities prior to signing this Release.

I agree, individually and on behalf of Minor, to release and to hold harmless Church of the Southwest, Incorporated d/b/a Aspen Creek Academy, its trustees, officers, employees, volunteers, and agents (collectively referred to as "the Academy") from liability of any kind, for any harm to the Minor or damage to or loss of Minor's personal property, resulting directly or indirectly from his/her attendance at the Academy or participation in the Activities, even in the case of the Academy's negligence. I personally assume all risks and liabilities in connection with Minor's attendance at the Academy and participation in the Activities and agree to indemnify the Academy against any liability assessed against the Academy as a direct or indirect result of Minor's attendance or participation. This release includes all risks and liabilities connected with the Activities, whether foreseen or unforeseen.

If the Minor is injured during any of the Activities, and I am unable to provide consent to his or her medical treatment, I authorize the Academy to consent on my behalf to the performance of any and all medical treatment judged necessary by the Academy, until I am able to provide consent or until someone legally able to speak on Minor's behalf is made available. I agree individually and on behalf of Minor, to release, indemnify, and hold the Academy harmless from any liability which may be assessed against the Academy as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment.

Name _____ Date _____

