



LEGACY ENRICHMENT LIABILITY WAIVER 2024-2025

This liability waiver form must be completed and signed by the parent or guardian for each student/family before participation in any Legacy Homeschool Enrichment Center (hereinafter referred to as LHEC) class or activity, onsite or offsite. Parent/Guardian Release for and in consideration of the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, it is agreed as follows: The undersigned hereby releases and forever discharges, LHEC and all other teachers, staff members, volunteers, along with all their agents, relatives, employees, directors, officers, assigns and attorneys, from any and all claims, demands, actions, causes of action or suits arising out of any injuries or illnesses (to include Covid-19), known or unknown, which have resulted or may in the future result from any LHEC class or activity, onsite or offsite or in transit. The undersigned hereby assumes all risk of injury associated with LHEC and fully indemnifies and holds harmless LHEC, along with all their agents, relatives, employees, directors, officers, assigns and attorneys from and against each and every liability, loss, cost, damage, and expense, including attorney's fees, which LHEC, along with all their agents, relatives, employees, directors, officers, assigns and attorneys may incur as a result of LHEC onsite or offsite in transit to a class or activity. This liability waiver/release applies to the following student(s) for the 2024-2025 school year and covers from August 1, 2024-July 31, 2025. Medical Consent as the parent or legal guardian of the below-named minor(s), I hereby give consent for emergency medical care as prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions to preserve life, limb or well-being of my dependent from August 1, 2024 - July 31, 2025.

Student's Name: First _____ M.I. _____ Last _____
 Student's Name: First _____ M.I. _____ Last _____
 Student's Name: First _____ M.I. _____ Last _____
 Student's Name: First _____ M.I. _____ Last _____
 Student's Name: First _____ M.I. _____ Last _____
 Student's Name: First _____ M.I. _____ Last _____

This _____ day of _____, 2023
 Parent/Guardian's Signature _____
 Parent/Guardian's Printed Name _____

Sick Policy The undersigned acknowledges and understands the following policy regarding sick students. Students who have had a fever in the 24 hours prior to school shall not attend. Siblings of students shall also remain home from school. Students who require medicine to "make it" at school may not attend. Students who have colored discharge of any kind may not attend. Students who have symptoms of Covid 19 (with or without a positive test) may not attend.
 Parent/Guardian's Signature _____

Photography Consent I give permission for my child's photo or likeness to be used on the Legacy website or in printed material related to Legacy Homeschool Enrichment Center. Parent/Guardian's
 Signature _____