

Parents/Guardians: This document is intended to absolve **Heritage Academy** ("School") of any liability to the parent/guardian or child that is related to the child's travel or stay away from campus or participation in activities associated with the leave herein named.

Please type or print

*Information about the leave:* 

to participate in the following activity,

leaving on

("Activity") to be conducted or engaged in only at \_\_\_

Date of leave

This form is to be completed by the parent/guardian.

	Last	First	Middle			
Parent/Guardian	's Name(s	)		Daytime Phone		
I.			for myself and my	zchild.		
	Parent/Guai <b>Academy</b>	dian to allow my child			Student Name eave campus and travel with the	
Name		•	Name			
Address	Driver 1		Addres	Driver	2	
		Cell Phone			Cell Phone	
only to visit and st	ay in the ho	ome(s) of the follow	ving person(s),			
Name			Name			
Name of host  Address				Name of any additional host		

 $I\ acknowledge\ and\ agree\ to\ ,\ and\ represent,\ the\ information\ and\ provisions\ in\ this\ document\ for\ myself\ and\ my\ child,\ in\ consideration\ of\ the\ education\ provided\ by\ the\ School\ and\ its\ permitting\ my\ child\ to\ leave\ campus\ .$ 

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_ Home Phone \_\_\_\_ Cell Phone \_\_\_\_

and returning on

Type of activity

Location of activity

Date of return

Initial each statement to indicate that you have read and agree to that statement.

Acknowl	edge	ement and Assumption	of Risk:				
	inv	cknowledge that my child's tra olve risks of serious damage a as arising from acts or failures	and harm to per	way from campus, and/or his or her participation in the Activity, sons and property, and my child and I assume those risks, including nool.			
Information relied on by School:							
	I am the parent or legal guardian for the child for whom this document is signed. My child and I are in good healt and sound mind. I have or will discuss my child's travel and stay away from campus and/or participation in the Activity with my physician as I deem appropriate, and have or will assure he or she receives any vaccinations or other medical attention the physician deems necessary. I have assessed and investigated the character and other qualifications of the drivers and hosts I have identified above, and the condition of facilities and other circumstance of my child's proposed stay. I acknowledge that the School is under no obligation to, and may choose not to, assess or approve my child's fitness for participation or travel, the character or qualifications of the drivers or hosts, or the condition of facilities or other circumstances of my child's proposed stay. I am under no force or duress of any kind to compel my signing of this document.						
Release:							
Definitio	Acc (when arise the carise allow	cordingly, I hereby release <b>He</b> nether loss of property, finances or is alleged to arise from a Activity, or the School's grantles with someone other than the from the School's negligence	eritage Academy es, life, body, m or in connection ting permission he persons listed the (but not its wi	THE SCHOOL OF ANY LIABILITY TO ME OR MY CHILD THAT IS VAY FROM CAMPUS OR PARTICIPATION IN THE ACTIVITY.  If from, waive, and will never sue the School for any damage ind, or emotions), costs, suit, demand, claim, or other liability, that with my child's travel or stay away from campus or participation in for same, even if my child or I violate(s) the representations above d, etc.) Such liability includes any liability that arises or is alleged to illful and wanton misconduct); and any liability that arises or is another that my child or I have sued or from whom my child or I			
Бејініно	1115:						
	a)	document is signed, any gua	ardian or other p	lude and bind my spouse, any parent of the child for whom this person with responsibility for the care and supervision of such child, ative, executor, administrator, successor, or assign of me or such			
	b)	The "School" includes	the Schoo (iii) the spous	s; vers, trustees, directors, officers, employees, volunteers, and agents of ol or such affiliate; and ses, insurers, heirs, estates, legal representatives, executors, crators, successors, estates, and assigns of any of the foregoing.			
				County:			
Parent/Guardian				State:			
				_ Sworn to and subscribed before me on this the			
Signat	ure		Date	day of, <u>20</u>			
				Notary Public:			
				My commission expires:			