PERMISSION TO PARTICIPATE IN OFF-CAMPUS SCHOOL ACTIVITIES

enrolled at Ouachita	my ("School") to participate Hills Academy. I acknowle ration of the opportunity to	my child,, apply to e in activities ("Activity") scheduled while my child is dge, agree to, and represent, the following for myself and be provided by the School (contingent upon its agreement
risks of serious dama	age and harm to persons a	I acknowledge that participating in the Activity involves and property, and even death, and my child and I assume failures to act of the School.
document is signed. participation in the A will participate in the able to participate w assess or approve m	My child is in good health Activity with my physician, a Activity only if I have rece ithout harm. I acknowledg	parent or legal guardian for the child for whom this and sound mind. I have or will discuss my child's and receive a vaccination if he deems necessary. My child ived my physician's approval and believe that my child is a that the School is under no obligation to, and may not, ation. I am under no force or duress of any kind to compening of this document.
CHILD THAT IS RELATE The School from, wait The property, finances, lider is alleged to arise The includes a liability the wanton misconduct)	ATED TO MY CHILD'S PARTI ive, and will never sue the ife, body, mind, or emotion from or in connection with lat arises or is alleged to ar . Such liability also include	BSOLVE THE SCHOOL OF ANY LIABILITY TO ME OR MY CIPATION IN THE ACTIVITY. Accordingly, I herby release School for any damage (whether damage to loss of s), costs, suit, demand, claim, or other liability, that arises my child's participation in the Activity. Such liability se from the School's negligence (but not its willful and s any liability that arises or is alleged to arise from claims are sued or from whom my child or I have received
participation in the A	Activity, including by the ad	my child to be treated for illness or injury sustained while ministration of emergency anesthesia or surgery; and on my behalf in ordering such treatment.
child for whom this capervision of such capervision of such capers, or assign planning and preparities "School" included directors, officers, en (iii) the spouses, ins	document is signed, any gu child, and any insurer, heir, of me or such child. (b) "F ing for, traveling to, and tra es (i) its affiliates, and instrum ployees, volunteers, and	d "I" shall include and bind my spouse, any parent of the ardian or other person with responsibility for the care and estate, legal representative, executor, administrator, articipation" or "participation" in the activity includes eveling from, as well as participating in, the Activity. (c) actions cooperating in the Activity; (ii) the members, agents of the School or such affiliate or institution; and representatives, executors, administrators, successors,
		County:
		State:
PARENT / GUARDIAN		Sworn to and subscribed before me on this the day of, 20
Signature	 Date	Notary Public:
Julialule	שמוב	MY COMMISSION EXDITES.