

# Natomas Homeschool Alliance

## 2017-2018 Release of Liability

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Student Name(s): \_\_\_\_\_

Grade(s): \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

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### **WAIVER AND RELEASE OF LIABILITY**

IN CONSIDERATION of being a participant in the Natomas Homeschool Alliance (hereafter "NHA") and being permitted to utilize the facilities of The Crossing Church (hereafter "The Crossing"), CrossFit Iron Mile (hereafter "Iron Mile"), River City Baptist Church (hereafter "RCBC"), The Cornerstone Bible Church (hereafter "CBC") or any other facility graciously provided for use by the NHA, I, the undersigned, intending to be legally bound for my family, do hereby:

- 1) Acknowledge that my family's participation in NHA and my family's utilization of The Crossing, Iron Mile, RCBC, CBC or other facility could expose my family to a possible risk of personal injury and I assume all risks inherent in such participation and/or utilization.
- 2) Release and agree to indemnify both NHA, The Crossing, Iron Mile, RCBC, CBC and any other facility utilized by NHA, which includes any NHA member, board member, instructor, vendor, Iron Mile owners and employees, and any of The Crossing's officers, elders, staff members, and employees, from any and all claims by or against my family for property damage, personal injury, and/or claims arising from my family's participation and/or utilization, including claims that are known or unknown, foreseen or unforeseen, future or contingent;
- 3) Agree that my family shall not now or at any time in the future, directly or indirectly, commence or prosecute any action suit, or other legal proceeding against either NHA, The Crossing, Iron Mile, RCBC, CBC or any facility used by NHA arising out of, relating to, or in connection with the actions, causes of action, claims and demands hereby waived, released or discharged by me;
- 4) Agree that in the event that my child is injured while under the care of the Natomas Homeschool Alliance and requires medical attention, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary; and
- 5) Attest that I am of legal age to execute this form as a binding legal document in accordance with its intention.
- 6) In addition, I attest that I have read and agree to abide by the Community Values Statement found on the NHA website.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name