



Waiver and Release of Liability and Consent of Photo Use Form for 2012-2013 Academic Year

Student Name: _____ Class(es): _____

In consideration of being permitted to enroll my (or our) child or children to Howard County Chinese School (“SCHOOL”) in the instructional programs (“PROGRAMS”) and with complete understanding that the SCHOOL is a non-profit organization operated by a group of volunteers for the sole purpose of promoting and cultivating Chinese learning for our child, EACH OF THE UNDERSIGNED, for himself or herself or themselves, their personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that the undersigned enters this agreement freely and voluntarily with all information fully disclosed by SCHOOL.

2. Fully understands, as parent(s) or legal guardian(s) of the aforementioned student, who will attend SCHOOL for the aforementioned academic year that my child’s participation in the PROGRAMS involves risks of accidents of personal injuries and/or property loss. Therefore, on behalf of my child, my spouse/partner and myself, the undersigned has hereby agreed to release, waive, discharge and covenant NOT to sue and to hold harmless SCHOOL, its board members, teachers, contractors, volunteers, administrative officers, employees and any other associated personnel including owners or landlords of the premises utilized by the SCHOOL for activities performed in the programs including, but not limited to, Sunday school programs, after-school programs, rehearsals, performances, sports meets, and field trip, of and from any and all claims, actions and damages for accidents, personal injuries, emotional distress, disabilities, property loss, or death that my child or any of my family members have or may have sustained as a result of participation in the PROGRAMS.

MAILING ADDRESS
P. O. Box 1547
Ellicott City, MD 21041

SCHOOL LOCATION
10901 Little Patuxent Parkway
Columbia, MD 21044



哈維中文學校

Howard County Chinese School

<http://hccs-md.org>

3. Has further agreed to take full responsibility for my child to observe, follow, and obey any and all SCHOOL rules.

4. Moreover, if necessary, the undersigned authorizes SCHOOL to seek emergency medical treatment for my child at an available medical facility at my own expenses. In the event that the undersigned should observe or discover any unsafe personal conduct or unsafe physical condition on the premises of SCHOOL, the undersigned agrees to report the unsafe conduct or condition to SCHOOL representative as soon as possible.

5. Further, permission is hereby granted by the undersigned to SCHOOL to publish photos of my child(ren) that are related to SCHOOL activities in newsletters, website, news papers, and other public relations presentations.

6. Further, the undersigned has agreed to take full financial responsibility for any damages to SCHOOL facilities and equipment caused by my child or family members or myself.

7. I understand that this agreement cannot be modified once I have signed, for the effective period and that no oral modification or interpretation shall be valid.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Adult Student Print Name _____ Signature _____ Date _____

If the registered student(s) is a minor, please complete the following part:

Parent or Legal Guardian Print Name _____ Signature _____ Date _____

Parent or Legal Guardian Print Name _____ Signature _____ Date _____

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