

***Covenant Community Schools***

**Consent and Release Form**

I, the undersigned parent or guardian, hereby consent to my child participating in all preschool-related activities sponsored by Covenant Community Schools (CCS), or associated ministries while enrolled in CCS. If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below. In the event that an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize school personnel to make emergency medical decisions for my child. If there are any activities I do not want my child involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON ALL SCHOOL ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Covenant Community Schools, other related organizations, and its agent and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date signed

MEDICAL CONDITIONS OF WHICH TO BE AWARE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE WHERE I CAN BE REACHED IN AN EMERGENCY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I DO NOT WISH MY CHILD TO PARTICIPATE IN THE FOLLOWING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

