

LIABILITY RELEASE FORM - Release of All Claims

In consideration for being accepted by Hope Tutoring School, *(FMN School Success Program) for participation in any academic and/or community event or otherwise occurring from March 9, 2019 and any date thereafter, we (I) being twenty-one (21) years of age or older, do for ourselves (myself) [and for and on behalf of my child-participant if said child is not twenty-one (21) years of age or older] do hereby release, forever discharge and agree to hold Hope Tutoring School, *(FMN School Success Program) and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described event, or any trip or activity. Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of twenty-one (21) years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in any and all events involved therein. Further, authorization and permission is hereby given to said organizations to furnish any necessary transportation, food and lodging for this participant. This release covers transportation provided by Hope Tutoring School *(FMN School Success Program) and their representatives who are properly licensed to drive in the State of Arizona that will be driving the minors to the tutoring site or any other site during program and activities.

The undersigned further hereby agree to hold harmless and indemnify said organizations, its directors, employees and agents, for any liability sustained by said organizations as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. (If the participant has not attained the age of 21 years): We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said event or activity, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and we (I) assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Parent(s) Phone Number

Emergency Phone Numbers

Insurance Company

Policy Number

(Regardless of age, both parents along with participant must sign unless parents are separated or divorced in which case the custodial parent must sign.)

Father's signature

Date

Mother's signature

Date

Legal Guardian's signature

Date

Print Name of Participant

Participant Only - The foregoing has been read & explained to me, and I understand the rules of conduct for participants and will abide by them.

Participant's Signature

Date

* (FMN) Flagstaff Mission to the Navajos