



## VCS Return to On-Campus Learning Liability Waiver

Student Last Name \_\_\_\_\_ First \_\_\_\_\_

Grade Entering \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female

Comments/Requests/Medical Needs:

\_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

Best phone for contact \_\_\_\_\_ Email \_\_\_\_\_

**Valley Christian Schools will not be held responsible or liable for anything Covid-19 related during your return to on-campus learning.**

**I hereby take all responsibility concerning my child's physical condition upon entering Valley Christian Schools.**

By submitting this form, I agree to the following waiver:

As parent/guardian of the above student of VCS, I hereby take all responsibility concerning my child's physical condition upon entering Valley Christian Schools. I recognize, acknowledge and agree to assume the full risk of any injuries, damages or loss, which may be sustained as a result of participating in any and all activities connected with or associated with VCS. I further agree to indemnify and hold harmless Valley Christian Schools from any and all claims sustained by my child, arising out of, connected with, or in any way associated with the activities of the schools. I confirm that my child has up-to-date health insurance coverage and understand that Valley Christian Schools does not provide health insurance for students. In the event of an emergency, I authorize any treatment deemed necessary from any accredited hospital and/or physician(s) for the immediate care of my child. I agree that I am responsible for providing insurance coverage and payment for any and all medical services rendered.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please submit a separate completed waiver for each student to the campus office where your child(ren) attend.