

ACTS Family Consent, Waiver, and Activity Release Form

(1) Complete Form, (2) Read and Initial Each Statement, and (3) Sign

Last Name _____ Father's Name _____ Mother's Name _____

Child(ren)'s Names and Ages _____

Please initial each statement

_____ Initial	I consent for myself and any child listed above to participate in any activity sponsored by Adventures in Christian Teaching and Stewardship (ACTS). I understand that these activities and the premises used to conduct the events involve some inherent risks. I agree that the parent(s) and/or legal guardian(s) of the participant should inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise supervisor or such conditions and refuse to participate.
_____ Initial	I, individually, and in my capacity as parent or guardian of any listed child, or as a teacher without children, waive, release, indemnify, and promise not to sue ACTS, its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and owners and lessors, or premises used to conduct the event, (collectively, "Released Parties") from all demands, claims, losses, damages, or liability, in law or in equity, including the release parties' own negligence, that have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage, loss, or injury to me, my spouse, any listed child, my property, my spouse's property, or the property of any listed child, my reputation, my spouse's reputation, or the reputation of any listed child, his or her heirs and next of kin on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the released parties or otherwise. I fully assume the risks associated with participating in this activity. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct, gross negligence, or intentional acts. In case of medical need or injury, I understand that ACTS or premises used to conduct the event will make every reasonable effort to contact me (in the case of an injury to my child) or my emergency contact. In the event that I or my emergency backup contact cannot be reached, I authorize ACTS or premises used to conduct the event to arrange for medical services for me or for any listed child. I will be responsible for any medical and related expenses for me or such child. Any provider of care can rely on this Consent as authority to treat me or such child as appropriate and to bill me directly for the costs thereof. I agree that I am responsible for communicating any relevant medical conditions pertaining to me or such child to ACTS using the Emergency Medical Form.
_____ Initial	I understand that Adventures in Christian Teaching and Stewardship or premises used to conduct the event may take photographs of me or a listed child in the course of its activities, and I grant ACTS or premises used to conduct the event permission to publish such photographs in a manner ACTS or premises used to conduct the event deems appropriate. To revoke this agreement, I must notify the ACTS Christian Co-op Board of Directors in writing in advance of the event.

Statement of Faith

_____ Initial	I understand that the tenets in the ACTS Statement of Faith, as found in the ACTS Handbook, may be taught through the ACTS programs, and I am comfortable with my child(ren) receiving this instruction. Our family agrees with the Statement of Faith and attends a Bible-believing church that upholds the tenets of the ACTS Statement of Faith.
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Policies and Procedures

_____ Initial	I understand that I am responsible for reading, understanding and abiding by all policies and procedures outlined in the ACTS Handbook, and I have/will instruct(ed) my child(ren) in the appropriate behavior.
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Financial Agreement

_____ Initial	I understand that class and materials fees are due to each teacher directly by the first day of classes for the semester. The materials fee can only be refunded if a teacher cancels a class. I will be allowed to make class changes with the registrar through the second week of classes for the semester. After the designated deadline during the second week of class, the full class cost will be due even if the student withdraws.
_____ Initial	I understand that I am personally responsible for all balances due, regardless of funding sources, by the beginning of the semester. I understand that the family registration fee, background check fee and insurance fees are non-refundable.

Child Supervision Responsibility When Parent is NOT on Campus

_____ Initial	I understand that I am personally responsible for my child(ren)'s safety and supervision during the time that he/she is attending ACTS classes at Rocky Mountain Calvary Church. In the event that I must leave the premises for any reason during classes and depart from campus, I agree to designate a Supervising Adult and notify the Welcome Desk each time I leave.
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Parent's or Guardian's Signature _____

Date _____