

Coweta Charter Academy 6675 E. Highway 16 Senoia, GA 30276 https://www.cowetacharteracademy.org/

Tel: 770-727-5959

LIABILITY RELEASE AGREEMENT

State Charter School District: 783 | School Code: 0610 Minor's Legal Name (Print) _ (If there is more than one child per family participating, please provide their legal name(s)): (collectively referred to as "Minor") wishes to participate in ______ ("Activity") sponsored by Coweta Charter Academy (CCA). CCA and the undersigned parent or legal guardian of Minor agree that the Activity may pose risks, including possible illness, iniury as well as similar and dissimilar risks ("Risks"). The undersianed is fully aware of the Risks and other hazards inherent in the Activity and is participating in the Activity voluntarily and assumes the Risks and all other risks of loss, damage, or injury that may be sustained while participating in the activity. CCA makes no representations or claims as to the condition or safety of the land, structures, transportation or surroundings that may be involved in the Activity, whether or not owned, leased, operated or maintained by CCA. It is understood that CCA does NOT provide any insurance coverage for the Minor's person or property, and Minor's parent (s) or guardian (s) acknowledge that they are responsible for the Minor's safety and the Minor's own health care needs, and for the protection of the Minor's property. In exchange for allowing the Minor to participate in these CCA Activities, the Minor, by and through the undersigned, the undersigned, and their respective heirs, personal representatives and estates agree(s) to release from liability, indemnify and hold harmless CCA and any agent, officer or employee of CCA acting within the scope of their duties for any injury to the Minor's person or damage to the Minor's property or any other claim, demand, cause of action, liability, damages, costs and expenses (including reasonable attorney's fees). I authorize CCA to take any action, including seeking medical care, necessary in its judgment if I am not present or reachable in the event of an emergency. The undersigned acknowledges that as a part of this Release he or she shall be 100% liable to pay for all medical expenses resulting or to result from any injury incurred during, or as a result of, participation in the Activity. If any term of this agreement or the application to any person or circumstance shall, to any extent, be invalid or unenforceable, the remainder shall not be affected thereby, and each and every remaining term of this agreement shall be valid and enforced to the fullest extent permitted by law. In the event of any need to enforce this agreement, CCA shall be entitled to its attorney fees and costs. I, the undersigned, state that I am the parent or legal guardian of the Minor. I have fully read and understand the above terms and conditions and that they apply to said Minor and to myself, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the undersigned. This document is binding on myself, the said Minor, and any person suing on behalf of said Minor. Please note, lack of consent to participate in school and/or district events does not exclude students from testing requirements. Parent/Guardian Name (Please print): _____