

☐ My student has an existing medical condition, doctor's orders to not wear face coverings, or other health related concerns that prohibit wearing a face covering.

Student's Name

Date

Parent Signature

*

*By signing above I acknowledge that my student's attendance and participation in any and all learning experiences inside or outside the classroom at GCS involves risk. These risks, can include but are not limited to, various types of injury, sickness, exposure to infectious/communicable disease, personal or emotional injury and death. In consideration for the opportunity to participate in learning experiences at GCS, I acknowledge, on behalf of my minor child, and accept the risks associated with such participation, including transportation to and from any activity. I accept personal financial responsibility for any injury or other loss sustained during participation and/or transportation to and from any GCS activity as well as for any medical treatment rendered to the student that is authorized by the GCS or its agents, employees, volunteers, or any other representatives(collectively known as 'activity sponsor'). Further, as the parent or legal guardian/representative I release and promise to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of participation at GCS and transportation to and from any activity during GCS whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

Admin. Use Only: Received: _____

Created on 8/4/2020