



Heritage Academy Consent Form

Medical Release:

Dear Parent/Guardian of _____

Please read the following carefully and fill out all of the requested information. Permission is hereby granted to the attending physician to proceed with any medical treatment or minor surgical treatment, x-ray examinations and immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the physician is not able to contact me, the treatment necessary for the best interest of my child may be administered. I do not and will not hold Heritage Academy, its subsidiaries officers, assignees, or its staff responsible for accidents or illness of my child during his/her participation in any school, athletic and residential programs.

Signature of Parent or Guardian _____ Date: _____

Contact name and address, other than parent, in case of emergency when parents can't be reached

_____ Phone: _____

Media Release:

Please check choice #1 or choice #2

News Media (if no choice is marked, then it will default to Choice #1)

- 1. I will permit my child to be photographed, filmed or interviewed by the news media, school, or by Heritage Academy for use in activities, publications, social media, and to promote programs within the company. I understand that Heritage Academy may release this information if requested by the media or other members of the public. I agree that all photos taken by Heritage Academy or any of its representatives may be used in any or all brochures, announcements or publicity releases. I agree that all contact information submitted by students or family members of the student may be used by the JSC for purposes of its business and or college recruitment.
2. I will not permit my child to be photographed, filmed or interviewed by the news media, school, or by Heritage Academy for use in activities, publications, social media and to promote programs within the company. Photos taken may not be used by Heritage Academy or any of its representatives in any or all brochures, announcements or publicity releases.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Heritage Academy Waiver and Release of Liability and/or Negligence

In consideration of being allowed to participate in any way in school events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. There is a risk of injury from the activities involved in this program, including the remote potential for permanent injury and death, and while particular rules, equipment, and personal discipline may reduce the risk of serious injury, risks including those risks associated with Heritage Academy, its employees, agents, subsidiaries, and assigns, including travel in any form cannot be completely eliminated; and,
2. I KNOWINGLY AND FREELY ASSUME ALL RISKS, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the customary terms and conditions for participation including compliance with all oral and written instructions. If however, I observe unusual and/or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives, family and next of kin, HEREBY RELEASE AND HOLD HARMLESS ALL EMPLOYEES, AGENTS, officers, trustees, board members, sponsoring agencies, sponsor, advertising, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION ARISING FROM ANY INJURY, ILLNESS, DISABILITY, DEATH or loss or damage to person or property. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASE OR ANY OTHER ACTS OR OMISSIONS OF THE RELEASEES.
5. I, for myself and on behalf of my heirs, assigns, personal representatives, family and next of kin, hereby agree to indemnify, hold harmless and covenant not to sue the persons and entities and hereby release same against any costs, damages, liens, expenses (including attorney's fees), lawsuits, claims, procedures, actions or other liability claimed or imposed upon the person or entities hereby released for any property damage or loss, personal injury of any kind, illness and/or death, whether arising from the negligence of the Releasees or otherwise.
6. The undersigned further expressly agrees that the forgoing waiver and assumptions of risk agreements is intended to be as broad and inclusive as is permitted by the law of South Carolina and that if any portion is held invalid, it is expressly agreed that the remaining terms and conditions shall, notwithstanding, continue in full legal force and effect. The undersigned further agrees that this Agreement will be construed under the laws of the State of South Carolina and the venue of any dispute between the parties shall be Beaufort County South Carolina.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS, I FURTHER UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND FULLY INTEND THIS AGREEMENT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY OF THE RELEASEES TO THE GREATEST EXTENT ALLOWED BY LAW, I SIGN THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature _____ Date _____

Participant's name, printed _____

I hereby authorize enrollment of my child in Heritage Academy. I further certify that I, as parent/guardian with legal responsibilities for this participant, do consent and agree to his/her release of all the Releasees as provided above, and for myself, my heirs, my family, and next of kin, I release and agree to indemnify the Releasees from any liabilities incident to my minor child's involvement and participation in these programs as provided above, EVEN IF ARISING FROM THE RELEASEE'S NEGLIGENCE. I fully understand the terms and conditions of this Agreement as set forth above and expressly agree to be bound by the foregoing terms and conditions.

Parents/Guardian Signature _____ Date _____

Parents/Guardian's name printed _____