

**Logan-Hocking Local School District
Waiver of Liability - Student**

Child/Student: _____

I give permission for my child/charge ("child") to participate in the event, **Fight and Flight Workshop**, at Logan High School on August 10-12, 2012.

I hereby attest and verify that my child and I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I have read, understand, and discussed with my child that:

- 1) They will be instructed in the art of combat for theatrical purpose, which is of a dangerous and physical nature.
- 2) The activities related to this event are inherently dangerous and that my child could sustain personal injury or permanent loss in learning, practicing, and performing any of them.
- 3) That the instructor(s) has the option to dismiss or remove my child from the class or course for the blatant disrespect for his/her partner and/or weapon and/or any of the criteria listed in the syllabus provided.
- 4) That there are rare, unforeseen instances of weapon breakage and that the District is not responsible for accident or injury caused directly or indirectly during the use of these weapons.
- 5) That this is a physical event; thus close physical contact may be necessary by the instructor(s) to adjust my child to correct form and practice in order to promote safety and proper technique and that close physical contact with other participants and/or the instructor(s) during practice and demonstration may occur.
- 6) That at any time my child becomes uncomfortable with the instruction or any physical contact by the instructor(s) and/or other participants, it is my child's responsibility to notify the instructor(s) of such.

I agree that the District and/or its instructor(s) will incur no liability to me or my child and that I will have no claim against the District, the instructor(s), or The Society of American Fight Directors arising out of or in connection with any act, omission, circumstance or other occurrence involving or relating to the activities of this event or by learning, practicing, or performing any of them.

As a condition for the participation of my child in this event, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Logan-Hocking Schools, its Board Members, their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of the activities of this event.

I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Logan Hocking Schools

EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable to authorize emergency treatment for children who become ill or injured at the **Fight and Flight Workshop** when parents cannot be reached. PART I or PART II must be completed.

PART I: CONSENT

Student's Name _____ School _____
Address _____ Phone() _____
City _____, OH Zip _____

Residential Parent or Guardian

Mother _____ Daytime Phone() _____
Father _____ Daytime Phone() _____
Other authorized contact _____ Phone() _____
Name of relative or childcare provider _____
Address _____ Phone() _____ Relationship _____

In the event reasonable attempts to contact me or those listed above are unsuccessful, I hereby give consent for the following medical care providers and local hospital to be called. I further authorize the administration of any treatment deemed necessary by the preferred doctors, or in the event the preferred practitioner is not available, by another licensed physician or dentist, and the transfer of the child to the preferred hospital or any hospital reasonably accessible.

Doctor _____ Phone () _____
Dentist _____ Phone () _____
Medical Specialist _____ Phone () _____
Local Hospital _____ Phone () _____

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physicians should be alerted: _____

Signature of Parent/Guardian _____ Date _____

PART II: REFUSAL OF CONSENT (Do not complete Part II if you completed Part I)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school to take no action or to take the following action: _____

Signature of Parent/Guardian _____ Date _____
Address _____