

Waiver Form

HOMESCHOOL PLUS
Ingleside Baptist Church Family Life Center
925 Ingleside Road, Norfolk, VA 23502
Phone: 466-3477

RELEASE/CONSENT WAIVER AND INDEMNIFICATION

This Release/Consent Waiver and Indemnification is given individually and on behalf of _____ by the undersigned in connection with Ingleside Baptist Church Family Life Center General Classes and Homeschool Plus classes for the year 20__ - 20__.

The undersigned acknowledges and understands that neither Ingleside Baptist Church and its staff and trustees ("IBC") nor the Family Life Center and its teachers ("FLC") nor Homeschool Plus and its teachers ("HSP") are responsible for the safety of the person or property involved, and that participation in the above described Activity is a personal and voluntary undertaking for which the undersigned assumes all risks. In this regard, the undersigned fully understands that participation in this Activity poses dangers to persons and property, both known and unknown and unanticipated.

Accordingly, in consideration of permission to participate in the Activity and in consideration of the furtherance of the purposes, objectives, and mission of IBC, FLC and HSP or other good and valuable consideration, the receipt of which is hereby acknowledged, the undersigned does hereby completely further agree to indemnify and hold them, and each of them, harmless from and against any and all claims, suits, loss, damage, injury, harm, cost and expense whatsoever ("Loss") which the undersigned may incur, sustain or be subject to, in connection with, arising from, or relating to the Activity or any involvement or participation whatsoever which the undersigned may have regarding it, including, but not limited to, that incurred, sustained or arising preliminary to or following the Activity or with regard to transportation to, from or during the Activity. The indemnification given by the undersigned shall include all attorney's fees and court costs incurred by IBC, FLC or HSP in defending any such claims or unavoidable damage or injury or not.

The undersigned warrants and represents that the recitations set forth above are true and correct, and affirms that participation in the Activity by the undersigned has been by personal and voluntary choice and additionally acknowledges that there is no insurance coverage provided by IBC, FLC or HSP while participating in the Activity.

Date: _____ Signature: _____ Parent or legal guardian, , Individually and on behalf of the individual above