HEARTLAND CHARTER SCHOOL ACTIVITIES WAIVER FORM PARENTAL AUTHORIZATION & WAIVER/RELEASE OF LIABILITY ACTIVITIES

I,	, parent or legal guardian of ,
, , ,	child to participate in the activities specified below. Each time
	write and specify the activity name and write my initials next to
the activity to confirm my waiver for the new activity.	
Activity 1:	Initials:
I certify that my child is physically, mentally and emotionally able to participate in the Activities in which s/he chooses to participate. In consideration of being permitted to participate in the Activities, I hereby voluntarily release Heartland Charter School from any and all liability resulting from or arising out ofmy child(s) participation. I understand and agree that I am releasing not only the entities set forth above, but also the officers, agents, and employees of those entities. I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I, or my child, may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me or my child, arising out of participation in the Activities.	
I understand and agree that by signing this Parental Authorization and Waiver/Release of Liability, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me and/or my minor child while participating in any and all chosen activities sanctioned by Heartland Charter School and its affiliates. I understand and agree that by signing this Parental Authorization and Waiver/Release of Liability, I am agreeing to release, indemnify, and hold harmless Heartland Charter School and their officers, agents, and employees from any and all liability or costs, including attorney fees, associated with or arising from participation in the Activities. I understand that this Waiver/Release of Liability will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children, and any guardian ad litem for said children.	
-	uthorization and Waiver/Release of Liability and that I understand that this Parental Authorization and Waiver/Release of Liability is ticipates in the current school year.
Student Full Name:	Grade:
Parent or Guardian Full Name:	Date:

Parent or Guardian Signature: