

# SWHSC Terms and Conditions Agreement

## **Photo/video release**

I give permission for photographs and videos in which my child(ren) appear to be used for publications and public relations activity by the Homeschool Support Center. This agreement stays in effect until revoked in writing by either party.

## **Release of liability**

I recognize that there is an inherent risk of injury while voluntarily participating in activities at the SouthWoods Homeschool Support Center (SWHSC), located on the SouthWoods Christian Church campus, 16110 Metcalf Avenue, Stilwell, KS 66085.

I agree to indemnify and hold harmless SouthWoods Christian Church (SWCC) and SWHSC against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation, or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If SWCC or SWHSC incurs any of these types of expenses, I agree to reimburse SWCC or SWHSC.

I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of liability for myself and my dependents. I expressly agree to release and discharge SWCC and SWHSC and all of its affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns from any and all claims or causes of action, and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against SWCC and/or SWHSC for personal injury or property damage.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect, or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

## **Email notifications**

By accepting the terms and conditions I agree to being added to a mailing list for SWHSC updates. I may unsubscribe at any time; however, I recognize that I am responsible for information shared by SWHSC and may miss out on important updates if I choose to unsubscribe.

**Wellness policy**

By registering for classes, you are agreeing to any increased risk of sickness associated with participation. Please DO NOT come to SWHSC with any of the following:

- temperature of 100° F or higher
- green or murky discharge from the nose or eyes
- contagious rash
- vomiting and/or diarrhea
- productive cough with fever or sore throat
- head lice

\_\_\_\_\_ I have read and agree to the terms above.

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_