



ALETHEIA

UNITED ACADEMY

PERMISSION SLIP AND LIABILITY WAIVER

ON-CAMPUS ACTIVITY PERMISSION SLIP & LIABILITY WAIVER

Please print, complete, and return this form on or before the night of the dance.

I. Participant Information

Student's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Parent/Guardian Name(s): _____

II. On-Campus Activity Details

This permission slip applies to events and activities organized by Aletheia United Academy that take place on Aletheia grounds or at other facilities the academy is authorized to use (such as churches, sports fields, or rented venues). Activities may include but are not limited to, dances, club meetings, sports events, or other academy-sponsored functions.

Event Name/Description: _____

Date of Event: _____

Event Start Time: _____

Event Stop Time: _____

III. Assumption of Risk

I, the undersigned parent/guardian, acknowledge and understand that:

1. Participation in campus activities involves inherent risks and potential hazards, including but not limited to physical activities, the presence of large groups, and unforeseen emergencies.
2. My child's participation is voluntary, and I have reviewed or inquired about any specific risks associated with this event/activity.
3. Aletheia United Academy will take reasonable precautions to ensure safety through planning, supervision, and adherence to safety guidelines; however, I acknowledge that all risks cannot be completely eliminated.

IV. Waiver and Release of Liability

In consideration of my child's participation in Aletheia-sponsored activities, I, on behalf of myself, my child, and our heirs, representatives, and assigns:

1. Release and Discharge Aletheia United Academy, its directors, officers, employees, volunteers, instructors, agents, and affiliates (collectively, the "Released Parties") from any liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, injury, or harm of any kind (including serious bodily injury or death) that may be sustained by my child or to any property belonging to me or my child, whether caused by the negligence of the Released Parties or otherwise, arising out of or in connection with my child's participation in on-campus activities.
2. Agree to Indemnify and Hold Harmless the Released Parties from any loss, liability, damage, or cost (including attorneys' fees and court costs) that the Released Parties may incur arising out of or related to my child's participation in the activity or my child's actions or omissions during the activity.

V. Medical Consent

1. In the event my child requires emergency medical treatment and I cannot be reached, I authorize Aletheia United Academy and its representatives to seek necessary medical care, including hospitalization, anesthesia, or surgery, as deemed necessary by licensed medical personnel.
2. I agree to be financially responsible for any medical costs incurred.

VI. Medical Insurance Information

To ensure appropriate medical care in an emergency, please provide insurance details.

Insurance Provider: _____
Policy Number: _____
Primary Policyholder Name: _____
Group/Plan Number (if applicable): _____
Physician's Name: _____
Physician's Phone Number: _____
Allergies/Medical Conditions: _____
Current Medications: _____

VII. Behavior and Supervision

1. My child is expected to follow all rules, guidelines, and instructions given by event organizers, staff, and chaperones.
2. Aletheia United Academy reserves the right to deny participation or require a child to leave the event if their behavior endangers themselves or others. Any costs associated with early dismissal from an event are the responsibility of the parent/guardian.

VIII. Media Release

I understand that photographs, video recordings, or other media (collectively, "Media") may be taken during on-campus events for use in school publications, social media, and other official communications of Aletheia United Academy. By signing below, I:

1. Permit Aletheia United Academy to use, reproduce, and distribute any Media featuring my child in connection with school-related publicity.
2. Acknowledge that neither my child nor I will receive any compensation for such use.
3. Agree to release Aletheia United Academy from any liability related to the usage of such Media.

If you do not wish for your child's image to be used, please check here: ☐ **Opt-Out of Media Release** (In checking this box, I understand reasonable efforts will be made to avoid including my child in published Media, but this does not guarantee complete exclusion in group shots or candid photographs.)

IX. Governing Law and Severability

This On-Campus Activity Permission Slip & Liability Waiver shall be governed by and interpreted under the laws of the Commonwealth of Virginia. If any provision of this document is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

X. Signature and Acknowledgment

By signing below, I certify that:

1. I am the parent or legal guardian of the named child.
2. I have read and fully understand the terms of this Permission Slip & Liability Waiver.
3. I voluntarily sign this agreement with full knowledge of its contents and legal significance.
4. I further represent that there are no health-related reasons or problems that preclude or restrict my child's participation in this field trip.

ARE YOU AN ALETHEIA STUDENT? Yes ☐ No ☐

If No, who invited you? _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact: _____ Phone: _____