



# Student Release Form

Inland Northwest Christian Homeschoolers

Participation in all Inland Northwest Christian Homeschoolers programs and events is done at the participant's own risk. Neither Inland Northwest Christian Homeschoolers nor Grace Bible Church will be held legally responsible or liable for any personal injury or property loss.

I, \_\_\_\_\_ (parent name) give my consent for my children listed below to attend co-op classes at Inland Northwest Christian Homeschoolers.

**The children covered by this authorization are:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**In Case of Emergency:**

Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**List any Medical or Health Problems, including:**

Allergies, Asthma/Respiratory, Vision/Hearing, Surgery, Heart Problems, Diabetes, Epilepsy, Seizures, ADD, Headaches, Stomach, Broken Bones, or Other: \_\_\_\_\_

**Health Care Information:**

Name of Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you carry family medical/hospital insurance? yes no

Name of policyholder: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

The Undersigned, on his/her own behalf, and on behalf of her/his minor children, does hereby **RELEASE**, discharge and covenant to hold harmless the officers, employees, and volunteers of Inland Northwest Christian Homeschoolers and Grace Bible Church, from any and all claims, causes of action, and liability of any kind or nature, including personal injuries or death, or in any way arising out of, directly or indirectly, the child's attendance or participation in Inland Northwest Christian Homeschoolers.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

=====  
In the event of my absence at INCH, I authorize \_\_\_\_\_  
to be responsible for my above-listed children during co-op.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party's Signature: \_\_\_\_\_ Date: \_\_\_\_\_