



Summit School Waiver Form: Student Participation in Enrichment Activity

Date: _____

Enrichment Activity and Vendor: _____

Enrichment Activity and Vendor: _____

Enrichment Activity and Vendor: _____

Enrichment Activity and Vendor: _____

Student Name Enrolled: _____

In signing this Waiver Form, I am enrolling my student in the Enrichment Activity listed above. I understand that my student's participation in the above reference Enrichment Activity may involve exposure to inherent risks and the potential risk of injury. I hereby expressly assume all risks associated with my student's participation in the Enrichment Activity listed above.

Further, I understand that the Enrichment Activity vendor referenced above is a separate entity from Foothills Educational Foundation dba Summit School and not managed by Summit School. I hereby agree to hold harmless and release from liability **Summit School** and its employees and representatives for any injury, harm or damage to the my student arising out of my student's participation in the stated above Enrichment activity.

I understand it is my responsibility to communicate directly to the above stated Enrichment Activity Vendor, for whose activity my student is enrolling, of any physical and medical restrictions or medical situations that my student may have that may affect their participation in the Enrichment Activity.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date