

RELEASE OF LIABILITY

- By agreeing below, I hereby acknowledge that I am enrolling my child in this MOSAIC course offered by Coppell Gifted Association (CGA). This course will be held at the stated date and time in the Coppell Independent School District (CISD). In consideration for my child's being permitted to participate in the Course(s) offered by CGA, I hereby execute this Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns and legal representatives. I further represent that I am eighteen (18) years of age or older and competent to sign this affirmation and release.

- I fully understand and agree that certain aspects of the course(s) could be physically demanding and that my child faces risks of accidental or other physical and/or emotional injury by participating in the course(s). These risks may include, but are not limited to, (1) loss or damage to personal property, and (2) injury or fatality due to (a) use of machinery and/or electrical equipment, such as computers, engines and turbines, and (b) walking, running, jumping, or other physical activity, or inclement weather and conditions, which may cause slips and falls.

I understand and assume the risks for my child's participation in the course(s). I further represent that my child is in good physical condition, and does not possess, nor am I aware of, any physical or mental disabilities that will limit his/her ability to participate in the course(s).

- I EXPRESSLY AGREE AND INTEND THAT MY CHILD'S PARTICIPATION IN THE COURSE(S) SHALL BE UNDERTAKEN BY MY CHILD AT HIS/HER OWN RISK AND THAT NEITHER CGA, ITS OFFICERS, EMPLOYEES, AGENTS OR ASSIGNS, CISD, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER THAT MAY ARISE OUT OF OR HAVE A CONNECTION WITH MY CHILD'S PARTICIPATION IN THE COURSE, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON HIS/HER PART, OR THE PART OF CGA, ITS OFFICERS, EMPLOYEES, STUDENTS, AGENTS, OR ASSIGNS, OR CISD, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS OR ASSIGNS AND I DO HEREBY AGREE TO FOREVER RELEASE, DISCHARGE, INDEMNIFY HOLD HARMLESS AND DEFEND CGA, ITS OFFICERS, EMPLOYEES, STUDENTS, AGENTS AND ASSIGNS, AND CISD, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTIONS.

- The laws of the State of Texas govern and construe the terms of this Release of Liability.

Signature: _____ Date: _____

Printed Name: _____

MEDICAL AUTHORIZATION

In the event that I (we) cannot be reached to make arrangements for emergency medical attention, I (we) authorize Coppell Gifted Association to take my (our) child to the nearest medical facility for necessary treatments.

Signature: _____ Date: _____

Printed Name: _____

PHOTOGRAPHY RELEASE

I give permission for my child to be photographed for editorial, promotional and/or audiovisual presentations by CGA.

Signature: _____ Date: _____

Printed Name: _____