

Liability Waiver

Last Name \_\_\_\_\_

2020-2021

Educators for Christian Homeschoolers of Oklahoma &

Midwest City First Baptist Church

In exchange for the participation of attending homeschool extension classes organized by Educators for Christian Homeschoolers of Oklahoma and

Midwest City First Baptist Church, of 705 W. Rickenbacker St. Midwest City, OK 73110

(herein referred to as E.C.H.O. and FBMWC), and/or use of property, facilities, and services of E.C.H.O. and FBMWC, I agree for myself and all my family members to the following:

- 1. I agree to follow any and all oral and written instructions or directions given by E.C.H.O. and FBMWC or the employees or representatives of E.C.H.O. or FBMWC.
2. I assume full responsibility for personal injury or illness to myself and all family members and further release & discharge E.C.H.O. & FBMWC for injury, loss of damage arising out of me or my family's use of or presence on the facilities of E.C.H.O. & FBMWC or other 3rd parties.
3. I agree to indemnify & defend E.C.H.O. & FBMWC against all claims, causes of actions, damages, judgments & costs of expenses including attorney fees & other litigation costs, which may in any way arise from me or my families use of or presence upon the facilities of E.C.H.O. & FBMWC.
4. I agree to pay for all damages to the facilities of E.C.H.O. or FBMWC caused by me or my family's negligence, reckless or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Oklahoma Law.

Parents Name: \_\_\_\_\_ Children: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, OK \_\_\_\_\_

In Case of emergency, please call \_\_\_\_\_ (relationship)

@home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT; I FURTHER UNDERSTAND THAT BY SIGNING THE RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

\_\_\_\_\_-Signature \_\_\_\_\_ Date

\_\_\_\_\_-Printed

Do you or your family members have any medical conditions we need to be aware of?

Please list name, condition & medication(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use the back of this page if needed for children's names and lists of Medications.