



East Lake Academy
Thy Kingdom Come!

EAST LAKE ACADEMY
RELEASE AND INDEMNIFICATION

Student Name _____

I/We release and waive, and further agree to indemnify, hold harmless or reimburse EAST LAKE ACADEMY and Mr. John T. Calk, the individual members, agents, directors, offices, employees and representatives thereof, from and against, any claim (including defense attorney's fees), which I/We, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have a claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries to the student or to myself, or to any person or property, during the time of the student's or my physical presence at EAST LAKE ACADEMY, during travel to or from EAST LAKE ACADEMY and during any activity, which may occur off EAST LAKE ACADEMY's property, whether or not such losses, damages or injuries were sustained in connection with EAST LAKE ACADEMY or its activities and arising out of or in connection with the rendering of emergency medical procedures of treatment by EAST LAKE ACADEMY for my child(ren) as authorized in this registration contract.

If the student should require medical attention of any sort while in attendance at or during travel to, from or in connection with EAST LAKE ACADEMY, the EAST LAKE ACADEMY Staff is hereby empowered to: administer first aid, have the student transported to a doctor or hospital, have the student examined and treated by a doctor or surgeon, take whatever additional action the school may deem necessary to protect the student's health and welfare. I/We, the undersigned parent(s)/guardian(s), affirm that I/we have medical insurance for the student(s) and agree to pay for any such procedures or treatments and agree to release, hold harmless and indemnify EAST LAKE ACADEMY and Mr. John T. Calk as outlined above.

I/We am/are the parent(s)/guardian(s) of the above named student.
I/We have read, understand and agree to all the terms of this contract.

Father or Guardian

Mother or Guardian

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone (home) _____

Phone (home) _____

(work) _____

(work) _____

Signature _____

Signature _____

Date _____

Date _____