



Release and Waiver of Liability for All Off-Site  
After School Classes and Therapies—Community Children (not current students of  
Victory Academy or Victory Prep)

The undersigned understands, agrees, and acknowledges that Victory Academy is a private school that seeks to educate students with Autism, who are admitted after a careful selection process, and is not a public service entity. Victory Academy staff member(s) provide a private, voluntary after-school program related to both students of Victory Academy and community students who have completed the after school program application process and have accepted admission into one or more classes. The undersigned further acknowledges and agrees that the placement of their child at Victory Academy and their participation in its after school classes is voluntary and that a similar education and educational experiences are available to the undersigned and their children through the public schools and other entities.

In consideration for participation in the any of the after school classes, the undersigned and participant (including his or her family members, representatives, and assigns) agree to discharge, waive, release and hold harmless Victory Academy and all staff members (and their respective officers, directors, shareholders, employees, volunteers, agents, heirs, successors, and assigns) from any harm, injury, property damage, or liability that may befall participant while traveling to and from and participating in any of the above listed activities.

The undersigned understands, agrees, and acknowledges that Victory Academy and all staff members are not insurers against injury or harm that may befall a student while traveling to or from and participating in its after school classes.

The undersigned recognizes and acknowledges that Victory Academy and all staff members make no guarantees, warranties, representations, or other promises relative to the activity, and assumes no liability or responsibility for injury or property damage that the participant may sustain as a result of participation in the activity. The undersigned further understands and agrees that this Release is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the remainder shall continue in full force and legal effect.

The undersigned consents to first aid, emergency medical care, and, if necessary, admission to a hospital for such care or treatment for injuries that participant may sustain while participating in any events associated with after school classes.



In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent that I am of legal age and have read this document in its entirety, understand it, and sign it voluntarily.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Participants who are under 18 years of age, or not legally competent, must sign above, and also must obtain the signature of a parent or legal guardian below:

I certify that I am the parent or legal guardian of the above-named participant. On behalf of myself and my spouse, partner, co-guardian or any other person who may represent the participant, I have read the above agreement, I understand its contents, assent to its terms and conditions, and sign it of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation, and I hereby give my consent to participation by my dependent, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend Victory Academy and all Victory Staff Members from and against all claims, demands or suits that my dependent has or may have.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_