

Student Name _____ Grade _____

ROLLING HILLS COUNTRY DAY SCHOOL
Release and Waiver

We (hereafter called "Undersigned") have full custody of (Student's Name) _____ (hereafter called "Student"), a minor. In consideration for permitting the student to participate in all Rolling Hills Country Day School (hereafter called "School") sponsored activity (hereafter called "Activity" or "Activities") during the school year beginning September 3, 2019 through and including June 10, 2020 during regular school business hours of 7:30 AM to 6:00 P.M. I understand that Activities may be delayed for a variety of reasons, and we agree that this release fully covers any unanticipated delays.

The Undersigned voluntarily release, discharge, waiver, relinquish all claims, and covenant not to sue School, its holding company, its directors, officers, agents, assigns, and employees, from all liability to the Undersigned or the Student and all his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the Undersigned or the Student whether caused by the negligence of the School or otherwise while the Student or the Undersigned are engaged in the above mentioned Activity.

The Student and the Undersigned hereby assume full responsibility for any risk of bodily injury, death, or property damage to the Student and the Undersigned due to negligence of the School, its directors, officers, agents and employees while the Student and the Undersigned are engaged in the Activity.

The Undersigned further expressly agrees that the foregoing Release and Waiver is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The Undersigned has read and voluntarily signs the Release and Waiver of Liability, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Parent or Guardian Signature: _____ Date: _____
Student Signature: _____ Date: _____

Emergency Contacts

In case of unexpected illness or emergency, it is extremely important for the health and welfare of the Student to be able to immediately contact the parents or guardian:

Residence Phone: _____
Father's Daytime Phone: _____
Mother's Daytime Phone: _____
Name of Friend or Relative: _____ Daytime Phone: _____
Name of Friend or Relative: _____ Daytime Phone: _____
Name of Friend or Relative: _____ Daytime Phone: _____

Please list the name and telephone number of a medical doctor or other health advisor who is located reasonably near the School, and who, by virtue of the parent or guardian's signature below, will have full authority to render any and all necessary emergency medical or surgical aid to the student at the parent's expense.

Health Care Provider's Name: _____ Phone: _____

Authorization of Consent to Treatment of Minor

We the Undersigned, parents/guardians of (Student Name) _____, a minor, authorize the School as agent(s) for the Undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which aforementioned physician in the exercise of his/ her best judgment may deem advisable.

The authorization is given pursuant to the provisions Section 6910 of the Family Law Code of California.

We, the Undersigned, authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions Section 6910 of the Family Law Code of California to surrender physical custody of such minor to the above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until revoked in writing and delivered to said agent(s).

Parent or Guardian Signature: _____ Date: _____

This paper must be completed, signed, and returned to the School in order for the Student to participate in Activities during the school year. Permission by telephone or fax is not acceptable.

PLEASE ALSO COMPLETE REVERSE SIDE.

Student Last Name: _____ Grade: _____

ROLLING HILLS COUNTRY DAY SCHOOL

**Permission to Transport Students by Volunteer Driver
in Private Passenger Automobile**

I, _____ (Parent's Name), am the parent or legal guardian of _____, (Child's Name) and I give Rolling Hills Country Day School permission and agree to release my child to another school parent or approved school volunteer on any school-sponsored trip. In order to transport my child, any other school parent, approved volunteer or staff member must be over 24 years of age to drive on any school-sponsored trip or to transport my child to and from school activities, events, field trips, or athletic competitions in their privately-owned automobiles. I understand that the school will use its best efforts to ensure that all of its parent volunteer drivers maintain automobile liability insurance with at least minimum levels of coverage of \$300,000 per person / accident and \$100,000 property damage liability. I understand that the parent volunteers' personal automobile insurance is intended to cover damages that may result from their negligence in an accident or incident that causes bodily injury and or property damage. The School's insurance does not provide liability protection for the volunteer driver.

In consideration of the foregoing and because the drivers to and from school activities, events, field trips, or athletic competitions are parent volunteers, I agree to release such parent volunteers from any and all liability in excess of such parent volunteer's automobile insurance coverage limits, and I further agree to release the school, its holding company, its Directors, Officers, Employees, Staff and Volunteers from any and all liability arising out of their participation as a driver.

This authorization supersedes any prior authorization I have signed, and expires 12 months from the date of the signature below.

Parent Name (Print)

Parent Signature

Date