

FAMILIES UNITED NETWORK ACADEMY

ANNUAL REGISTRATION, ENROLLMENT FORMS, CURRICULUM OUTLINES, WAIVERS, VACCINATION EXEMPTIONS

These forms are for students who have been admitted to the school. For a student to be officially enrolled, all forms must be completed and submitted to the treasurer with registration fees paid by the deadline.

STEP 1) Family enrollment fee is \$100.00 either via paypal at mcquacks2@msn.com OR check made payable to FUN Academy 24 Black Oak Drive, Ocean View, NJ 08230

STEP 2) Statement of Faith :

We believe the Bible to be the inspired, infallible, authoritative Word of God. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death and resurrection, in His present ministry as our Great High Priest and that we now await His imminent, bodily return. We believe that man was created in the image of God, but fell into sin and is therefore lost, except through the repentance of sin and the acceptance of Jesus Christ as a personal Savior. We believe that the ministry of the Holy Spirit is to convict men of their sin, indwell, guide, instruct, comfort and empower the believer for godly living. We believe that as followers of Christ, we are called to see the lost saved, the saved matured, and the mature in service.

STEP 3) Curriculum Outline for EACH student grades K – 12. Up to FIVE student curriculum outlines can be accomplished on this form:

STUDENT 1

Date: _____

Student's Name: _____

Grade Level: _____

Student's Age: _____ Sex: _____

Date of Birth: _____ Last 4 digits of SS#: _____

Postal Address: _____

Home Phone: _____

Email: _____

Mother's Name: _____

Occupation: _____

Work number: _____

Father's Name: _____

Occupation: _____

Work Number: _____

Former School: _____

Withdrawn date: _____

Attendance Filed:

Number of completed days of study for the previous school year

Number of scheduled days of study for the current school year

Participation in standardized testing program? (CAT or IOWA tests) y/n _____

Yearly physical exam? y/n _____

Immunization Religious Exemption form has been signed and is attached to enrollment form? y/n _____

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CURRICULUM

The responsibility for the selection and purchase of home-tutored curriculum rests with the parent/teacher. Please list the curriculum your student will be completing for the upcoming year. Please cover the basic subjects: Language Arts, Math, Bible, Social Studies, Science and History. Remember to keep a copy for your own personal records. This information will be reviewed for the accuracy of high school transcripts and to verify the completion of a typical course of study covering core concepts for the grade level. For newly enrolled high school students, previous year's records for verification of finished courses should also be included. Parent-teachers must keep sufficient records to substantiate work completed in the event the student transfers to another school or needs transcripts.

(ALL) CURRENT CURRICULUM LIST - School year _____

Subject/Course Description Book or Material & Publisher Grade

(EXAMPLE: Language Arts – Abeka grade 6, combined with Unit studies on essay writing, outlining, and literature)

*My signature here, as the representative for my family, attests that I have completed this form to the best of my ability and with all truthfulness, and acknowledges my agreement to the included statement of faith.

Parent/Teacher Signature Date

Reviewed by: Action req: Date

STUDENT 2

Date: _____

Student's Name: _____

Grade Level: _____

Student's Age: _____ Sex: _____

Date of Birth: _____ Last 4 digits of SS#: _____

Postal Address: _____

Home Phone: _____

Email: _____

Mother's Name: _____

Occupation: _____

Work number: _____

Father's Name: _____

Occupation: _____

Work Number: _____

Former School: _____

Withdrawn date: _____

Attendance Filed:

Number of completed days of study for the previous school year

Number of scheduled days of study for the current school year

Participation in standardized testing program? (CAT or IOWA tests) y/n _____

Yearly physical exam? y/n _____

Immunization Religious Exemption form has been signed and is attached to enrollment form? y/n _____

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CURRICULUM

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(ALL) CURRENT CURRICULUM LIST - School year _____

Subject/Course Description Book or Material & Publisher Grade

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Parent/Teacher Signature Date

Reviewed by: Action req: Date

STUDENT 3

Date: _____

Student's Name: _____

Grade Level: _____

Student's Age: _____ Sex: _____

Date of Birth: _____ Last 4 digits of SS#: _____

Postal Address: _____

Home Phone: _____

Email: _____

Mother's Name: _____

Occupation: _____

Work number: _____

Father's Name: _____

Occupation: _____

Work Number: _____

Former School: _____

Withdrawn date: _____

Attendance Filed:

Number of completed days of study for the previous school year

Number of scheduled days of study for the current school year

Participation in standardized testing program? (CAT or IOWA tests) y/n _____

Yearly physical exam? y/n _____

Immunization Religious Exemption form has been signed and is attached to enrollment form? y/n _____

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CURRICULUM

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(ALL) CURRENT CURRICULUM LIST - School year _____

Subject/Course Description Book or Material & Publisher Grade

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Parent/Teacher Signature Date

Reviewed by: Action req: Date

STUDENT 4

Date: _____

Student's Name: _____

Grade Level: _____

Student's Age: _____ Sex: _____

Date of Birth: _____ Last 4 digits of SS#: _____

Postal Address: _____

Home Phone: _____

Email: _____

Mother's Name: _____

Occupation: _____

Work number: _____

Father's Name: _____

Occupation: _____

Work Number: _____

Former School: _____

Withdrawn date: _____

Attendance Filed:

Number of completed days of study for the previous school year

Number of scheduled days of study for the current school year

Participation in standardized testing program? (CAT or IOWA tests) y/n _____

Yearly physical exam? y/n _____

Immunization Religious Exemption form has been signed and is attached to enrollment form? y/n _____

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CURRICULUM

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(ALL) CURRENT CURRICULUM LIST - School year _____

Subject/Course Description Book or Material & Publisher Grade

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*My signature here, as the representative for my family, attests that I have completed this form to the best of my ability and with all truthfulness, and acknowledges my agreement to the included statement of faith.

Parent/Teacher Signature Date

Reviewed by: Action req: Date

STUDENT 5

Date: _____

Student's Name: _____

Grade Level: _____

Student's Age: _____ Sex: _____

Date of Birth: _____ Last 4 digits of SS#: _____

Postal Address: _____

Home Phone: _____

Email: _____

Mother's Name: _____

Occupation: _____

Work number: _____

Father's Name: _____

Occupation: _____

Work Number: _____

Former School: _____

Withdrawn date: _____

Attendance Filed:

Number of completed days of study for the previous school year

Number of scheduled days of study for the current school year

Participation in standardized testing program? (CAT or IOWA tests) y/n _____

Yearly physical exam? y/n _____

Immunization Religious Exemption form has been signed and is attached to enrollment form? y/n _____

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CURRICULUM

The responsibility for the selection and purchase of home-tutored curriculum rests with the parent/teacher. Please list the curriculum your student will be completing for the upcoming year. Please cover the basic subjects: Language Arts, Math, Bible, Social Studies, Science and History. Remember to keep a copy for your own personal records. This information will be reviewed for the accuracy of high school transcripts and to verify the completion of a typical course of study covering core concepts for the grade level. For newly enrolled high school students, previous year's records for verification of finished courses should also be included. Parent-teachers must keep sufficient records to substantiate work completed in the event the student transfers to another school or needs transcripts.

(ALL) CURRENT CURRICULUM LIST - School year _____

Subject/Course Description Book or Material & Publisher Grade

(EXAMPLE: Language Arts – Abeka grade 6, combined with Unit studies on essay writing, outlining, and literature)

*My signature here, as the representative for my family, attests that I have completed this form to the best of my ability and with all truthfulness, and acknowledges my agreement to the included statement of faith.

Parent/Teacher Signature Date

Reviewed by: Action req: Date

STEP 4) Insurance Waiver, Indemnity and Hold Harmless Agreement and Discipline Policy

PLEASE READ CAREFULLY BEFORE SIGNING

Welcome to the Families United Network Academy, Inc. For insurance purposes we are asking each parent/teacher to sign the following form, providing their agreement to the policy:

-I understand that at least one parent teacher of enrolled children are required to stay on the premises at all times. Children may NOT attend without one parent attending with them. If it is necessary to leave for any reason, I or my spouse agree to take our child/children with us. I or my spouse agree not to leave the campus grounds while our child/children are attending.

- If I am a teacher for a class that is scheduled to leave the campus for instruction, I am still the responsible party for my child(ren) left behind on campus. Parents are the sole person(s) responsible for the child(ren), even if they secure an adult to act on their behalf, as is instructed in this instance. NO other teacher, administrator, or member of the academy is liable for any injury or fault, should I or my spouse choose to leave the campus to teach a class and therefore leave our other child(ren) on campus with another designated adult of our choosing to supervise, including the adult we may have chosen to supervise.

-If my child's behavior is disruptive to the rest of the participants, I understand that my child will be escorted to me or my spouse. On a second occasion, if my child's behavior is disruptive the child will be unable to participate for the day. On a third occasion, if my child's behavior is disruptive he/she will be escorted to me or my spouse and will not be permitted to attend the academy for the remainder of the quarter.

-By signing this form, I agree not to hold the Families United Network Academy or any of their members or trustees, liable for any injuries that may occur to my child(ren) while participating in school activities.

I _____ (parent's name) agrees to indemnify and hold harmless the Families United Network Academy and its employees/volunteers, from and against all claims, damages, losses and expenses, including attorneys fees in case it shall become necessary to file an action arising out of performance of the work herein which is (1) for personal or bodily injury, illness or death, or for property damage, including loss of use, and (2) caused in whole or in part by our participating child's negligent act or omission or that of a subcontractor, or that of anyone employed by them or for whose acts contractor or subcontractor may be liable. This indemnification and agreement shall apply in all instances whether the Families United Network Academy is made a party to the action or claim or is subsequently made a party to the action by third-party in-pleading, or is made a party to a collateral action arising in whole or in part from any of the issues emanating from the original cause of action or claim.

I have read and do understand the insurance waiver, indemnity and hold harmless agreement including all instructions within, and the discipline policy above and I agree to abide by and adhere to all its terms.

By: _____ (signature of parent) Date: _____

STEP 5) Certificate of Exemption from Vaccination/Immunization Records

(I am the parent of ALL Children Named Here): _____

The State Sanitary Code (26:1A-9.1) provides for "exemption for pupils from mandatory immunization if the parent or guardian of the pupil objects thereto in a written statement signed by the parent or guardian upon the ground that the proposed immunization interferes with the free exercise of the pupil's religious rights."

I do therefore hereby certify that the proposed immunization interferes with the free exercise of the child's religious rights. The administration of immunizing agents conflicts with the child's exercise of religious tenets or practices in that we object to the administration of such agents by injection or orally based upon our religious beliefs.

The school accepts that while some students may have received immunizations, we respect the right for those records to remain private with the family and therefore signing this exemption does NOT certify that NO immunizations have occurred but rather that such records are the property of the parent.

[Signature of Consenting Parent] _____

Print Father's Name & DATE _____

Print Mother's Name & DATE _____

STEP 6) Complete the HIGHLIGHTED PORTIONS of the following 2 township forms and do NOT date forms

EXHIBIT D

**2020 ACKNOWLEDGMENT AND WAIVER OF LIABILITY
USE OF FACILITIES – EVENT PARTICIPANT**

NOTICE AND INSTRUCTIONS FOR COMPLETING THE TOWNSHIP OF UPPER'S ACKNOWLEDGMENT AND AGREEMENT FOR ASSUMPTION OF ALL RISKS, AND WAIVING AND RELEASING ALL CLAIMS FOR PERSONAL INJURIES AND PROPERTY DAMAGES DUE FROM THE ACCIDENTAL EXPOSURE TO SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES.

CAREFULLY READ THIS DOCUMENT AND THE ATTACHED ACKNOWLEDGEMENT AND AGREEMENT FOR ASSUMPTION OF ALL RISKS, AND WAIVING AND RELEASING ALL CLAIMS FOR PERSONAL INJURIES AND PROPERTY DAMAGES DUE FROM AN ACCIDENTAL EXPOSURE TO SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES AT A TOWNSHIP OF UPPER FACILITY ("WAIVER").

THE ATTACHED WAIVER AFFECTS IMPORTANT LEGAL RIGHTS YOU, YOUR CHILD(REN) AND/OR YOUR OTHER FAMILY MEMBER(S) AND/OR DEPENDENT(S) MAY HAVE IN THE EVENT YOU, YOUR CHILD(REN), AND/OR OTHER FAMILY MEMBER(S)/DEPENDENT(S) BECOME EXPOSED TO, INFECTED WITH, OR SUSTAIN BODILY INJURIES AND/OR PROPERTY DAMAGE FROM HIGHLY CONTAGIOUS VIRUS(ES) AND DISEASES.

I. Background and Purpose

The TOWNSHIP OF UPPER and the TOWNSHIP OF UPPER DEPARTMENT OF PUBLIC WORKS SPORTS & RECREATIONAL PROGRAMS (hereinafter jointly and separately referred to in the below WAIVER as the "TOWNSHIP OF UPPER") authorizes the use of Township Facilities by an individual or organization requesting the use of a Township Facility for an organized or scheduled event (referred to hereinafter and in the below WAIVER as the "EVENT(s)"). These EVENT(s) are held on TOWNSHIP OF UPPER property and other public and semi-public places that are accessible to large numbers of people on a daily basis.

Due to the ongoing COVID-19 pandemic, and until further notice, any adult age 18 or older wishing to participate or enroll themselves, their child(ren) or any other dependent(s) family members in any EVENT(s) held by an individual or organization approved for the use of Township Facilities for an organized or scheduled event, is required to complete, sign and return this WAIVER to the authorized EVENT(s) organizer, prior to participation in the proposed EVENT(s).

Permission to access any TOWNSHIP OF UPPER facilities/property and equipment for the EVENT(s) is expressly conditional on every EVENT PARTICIPANT(s) properly completing, signing, and returning this WAIVER prior to participation in the EVENT(s).

Participation in the EVENT(s) may be denied or revoked at any time for failure to properly complete, sign and return this WAIVER.

II. Acknowledgment of Agreement

ACKNOWLEDGEMENT AND AGREEMENT FOR ASSUMPTION OF ALL RISKS, AND WAIVING AND RELEASING ALL CLAIMS FOR PERSONAL INJURIES AND PROPERTY DAMAGES DUE FROM AN ACCIDENTAL EXPOSURE TO SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES AT A TOWNSHIP OF UPPER FACILITY

I/WE, PARENT NAME _____, on behalf of myself/ourselves and the following minor children, acknowledge and represent that I/WE am/are the parent(s)/legal guardian(s) of:
CHILDREN NAMES _____

(hereinafter collectively referred to as the "EVENT PARTICIPANT(S)"), and by signing this WAIVER acknowledge and agree that EVENT PARTICIPANT(S) has been provided with, read and fully understands: (i) the Center for Disease Control's ("CDC") and the New Jersey Department of Health's ("NJDOH") information and guidelines for preventing/protecting against, and recognizing the signs and symptoms of, infection for SARS-CoV-2 (the virus that causes COVID-19) and the related illnesses and medical conditions called COVID-19 and Multisystem Inflammatory Syndrome in Children ("MIS-C")(collectively the "PANDEMIC ILLNESSES").

EVENT PARTICIPANT(S) further acknowledges, understands and agrees that:

1. The CDC and NJDOH have determined that the PANDEMIC ILLNESSES are highly contagious viruses, diseases and medical conditions.
2. Exposure to or infection from these PANDEMIC ILLNESSES may cause serious permanent bodily injury, including respiratory failure, cardiac arrest, and death in healthy persons of all ages.
3. These PANDEMIC ILLNESSES are new. The standards and recommendations on how to prevent and protect against the risk of exposure to infection and the spread of these PANDEMIC ILLNESSES continues to change as more data becomes available.
4. These PANDEMIC ILLNESSES presently exist and remain prevalent throughout all areas of the State of New Jersey and continue to infect persons and spread throughout all counties and local communities, including the residents of the TOWNSHIP OF UPPER.
5. These PANDEMIC ILLNESSES have a high probability of spreading to person(s) who are either in direct contact with, or in close proximity to (within about 6 feet or 2 meters) an infected person.
6. The CDC and NJDOH believe these PANDEMIC ILLNESSES are most likely to spread from person to person by droplets produced into the air when an infected person coughs, sneezes, talks or otherwise moves air out through their nose and mouth; and from touching/contacting surfaces on which droplets containing the virus exist.
7. There is no known vaccination(s), immunization(s) or cure for these PANDEMIC ILLNESSES.

REVISION DATE: 7/23/2020

8. The CDC and the NJDOH maintain that the best way to prevent and protect against infection and/or spread of these PANDEMIC ILLNESSES is to self-quarantine and to avoid contact with other individuals, large gatherings and spending time in public places and buildings.
9. The TOWNSHIP OF UPPER and the TOWNSHIP OF UPPER DEPARTMENT OF PUBLIC WORKS SPORTS & RECREATIONAL PROGRAMS ("TOWNSHIP OF UPPER") authorizes the use of Township Facilities by an individual or organization requesting the use of a Township Facility for EVENT(S) which are essential to the social, physical, educational and character development and the mental and physical health of the public.
10. Attending or participating in homeschool coop days ^(name of event) poses an inherent risk of infection and a heightened risk of injury from and exposure to these PANDEMIC ILLNESSES regardless of the measures taken by the TOWNSHIP OF UPPER: (i) to avoid close contact with other persons, including infected persons; (ii) to disinfect TOWNSHIP OF UPPER facilities, equipment and public property; and (iii) to discover, contact trace, and quarantine infected persons and/or persons exhibiting signs and symptoms of infection of these PANDEMIC ILLNESSES.
11. Attending and/or participating in homeschool coop days ^(name of event) may also increase the risk of exposure to these PANDEMIC ILLNESSES and the further spreading of these PANDEMIC ILLNESSES to other family members, event participant(s), and third persons.

By signing this WAIVER, EVENT PARTICIPANT(S) does further acknowledge the contagious nature of these PANDEMIC ILLNESSES, and that an inherent and heightened risk of danger to infection and exposure to these PANDEMIC ILLNESSES exists for EVENT PARTICIPANT(S), and all persons and other participants attending or participating in homeschool coop days ^(name of event).

EVENT PARTICIPANT(S) acknowledges and agrees to voluntarily assume all risks that EVENT PARTICIPANT(S) may be exposed to or infected by these PANDEMIC ILLNESSES by attending or participating in homeschool coop days ^(name of event); and that such exposure or infection may result in personal injury, illness, permanent disability, and death. EVENT PARTICIPANT(S) understands that the risk of becoming exposed to or infected by these PANDEMIC ILLNESSES at homeschool coop days ^(name of event) may result from the actions, omissions or negligence of EVENT PARTICIPANT(S) and others, including, but not limited to the TOWNSHIP OF UPPER'S officials, officers, employees, and volunteers; and other participants/attendees of the homeschool coop days ^(name of event) and their families.

I/WE, on behalf of myself/ourselves, the EVENT PARTICIPANT(S), my/our other household members and/or dependents, I/WE voluntarily agree to assume all of the foregoing risks, and do accept sole and complete responsibility for any and all injuries, damage(s) and other losses to the EVENT PARTICIPANT(S), my/our other dependent(s), the other members of my/our family, and/or to myself/ourselves for attending or participating in homeschool coop days ^(name of event), including for all bodily injuries, disabilities, permanent

disabilities, deaths, illnesses, damages, losses, claims, demands, liabilities, medical treatment and expenses, attorneys fees, costs of suit and/or expenses of any kind that is incurred in connection with attending or participating in homeschool coop days ^(name of event).

I/WE, on behalf of myself/ourselves, the EVENT PARTICIPANT(S), my/our other household members and/or dependents, HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, WAIVE AND HOLD HARMLESS THE TOWNSHIP OF UPPER, THE DEPARTMENT OF PUBLIC WORKS SPORTS & RECREATIONAL PROGRAMS, AND EACH OF THE TOWNSHIP OF UPPER'S OFFICIALS, OFFICERS, EMPLOYEES AGENTS, VOLUNTEERS AND REPRESENTATIVES FOR AND FROM ANY AND ALL CLAIMS, DAMAGES, DEMANDS, LOSSES, LIABILITIES, ACTIONS, COSTS AND EXPENSES OF ANY KIND ARISING OUT OF OR IN ANY WAY RELATING TO THE ACCIDENTAL AND/OR NEGLIGENT EXPOSURE TO THESE PANDEMIC ILLNESSES FROM ATTENDING OR PARTICIPATING IN homeschool coop days ^(name of event).

EVENT PARTICIPANT(S) UNDERSTANDS AND AGREES THAT THIS WAIVER AND RELEASE INCLUDES ANY AND ALL CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE TOWNSHIP OF UPPER, THE TOWNSHIP OF UPPER DEPARTMENT OF PUBLIC WORKS SPORTS & RECREATIONAL PROGRAMS AND THE TOWNSHIP OF UPPER'S OFFICIALS, OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS AND REPRESENTATIVES, REGARDLESS OF WHETHER INFECTION FROM THESE PANDEMIC ILLNESSES OCCUR BEFORE DURING OR AFTER PARTICIPATION AND/OR ATTENDANCE IN homeschool coop days ^(name of event).

By signing this agreement, EVENT PARTICIPANT(S) further acknowledges that EVENT PARTICIPANT(S) has read and discussed with EVENT PARTICIPANT(S) the provisions of this WAIVER and the dangers and risks associated with attending and/or participating in homeschool coop days ^(name of event); the EVENT PARTICIPANT(S) fully

understand(s) and appreciate(s) these dangers and risks; and the EVENT PARTICIPANT(S) voluntarily wishes to enroll in, participate and otherwise attend the homeschool coop days ^(name of event).

This WAIVER does not supersede, circumvent, or cancel the TOWNSHIP OF UPPER'S Facility Use Agreement, or Rules and Regulations.

If any part of this WAIVER is found by a court of competent jurisdiction to be invalid, the remainder of this WAIVER release from liability shall nevertheless remain in full force and effect and the offending provision or provisions severed here from.

EVENT PARTICIPANT(S), has read and accepts the terms and conditions of this WAIVER, and acknowledges and agrees that it shall, to the fullest extent allowed by law, be effective upon EVENT PARTICIPANT(S) and EVENT PARTICIPANT(S)'s dependents, respective heirs, personal representatives, estates and family members as a result of participation in any capacity at the homeschool coop days ^(name of event) on the following date(s) 9/1/2020 To 9/1/2021.

Signature of EVENT PARTICIPANT(S)

Date

 _____
Signature of Parent(s)/Guardians

 _____
Date

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Upper Township, New Jersey
Event participant release and waiver

I _____ agree to hold the Township of Upper including all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and their board members, employees and volunteers forever harmless from and against any and all claims, damages, losses, expenses, obligations liabilities, including but not limited to attorney fees arising out of or resulting in any accident, injury, pain, death or loss suffered by me as a result of my participation in any capacity on the following date(s) attached list
(mm/dd/yyyy)
for the following purpose homeschool Fridays & ALL extracurricular events
Name of event

THIS CONTRACT IS ENTERED INTO AS OF THE DAY AND YEAR WRITTEN BELOW

PRINT Participants Name For the family of:

Address: _____

City: _____ State: _____ Zip: _____

Cell: () _____ - _____

Emergency Contact Name and Number: _____ () _____ - _____

Participant Signature: _____ Date _____
(Parent signature required for minor less than 18 yrs of age)

PRINT Witness Name: _____

Witness Signature: _____ Date _____