



**ACTIVITY, MEDICAL CONSENT, PHOTO, VIDEOTAPE IMAGES AND
AUDIO RELEASE FORM**

Student's Name _____ Birthdate: _____ / _____ / _____

I hereby give my consent for the above-named student to participate in any on or off-campus, school sponsored activities, including attendance at special events, field trips, and sporting events. I realize that there is a degree of danger involved in almost any activity associated with transportation, recreation, or physical activities and will not hold Legacy Academy responsible for injury or harm to my student so long as reasonable precautions are taken, customary care is exercised, and adequate supervision is provided. I understand that I must sign individual consent forms for each off-campus event.

If emergency medical action or treatment is required and neither parent nor guardian can be contacted, I hereby give my consent for the student named above to be administered medical care by the physician or licensed hospital deemed most expedient by the school representative in charge for the good of my child. The local fire department or paramedic unit may be used or students may be transported to the nearest emergency facility.

I understand that I am fully responsible for any expenses associated with or resulting from medical care administered to the above named student (which might also include ambulance service) and agree to assume the financial responsibility for such services. This applies whether an accident occurs on or off-campus as long as it is a school-sponsored activity.

I understand that my child may be photographed, videotaped, or audiotaped by school staff, parent volunteers, or public media personnel during any school activity, on or off the school campus. I give my permission to release any photographs, video images, or audiotapes of my child, taken during school activities, for use in school and/or church related publications, as well as public media use.

In signing this application, we as parents/guardians realize we are entering into a contract with Legacy Academy (LA) agreeing to familiarize ourselves with, abide by, and support the policies established and published by the school. We have read all school policies and agreements and agree to follow the procedures and be responsible for all incurred fees. This consent and authorization is to continue for the currently enrolled academic year unless sooner revoked in writing and delivered to the school office of Legacy Academy.

Signature of Father/Guardian Date

Signature of Mother/Guardian Date

Notary Public Date

Notary Public Date

Notice of non-discrimination policy

Legacy Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in the administration of its educational policies, admissions policies, scholarship programs, and athletic and other school administered programs.