

**RELEASE AND HOLD HARMELSS AGREEMENT
FOR
SWEET ONION CHRISTIAN LEARNING CENTER inc.
P.O. Box 1511 Vidalia, GA 30475**

Date: _____

Student Name: _____ Sex: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Mother/Guardian's Name: _____

Father/Guardian's Name: _____

Medical Conditions: _____

Allergies: _____

By my signature, I, _____ the parent/guardian of _____, grant permission for him/her to leave campus and to be **transported** to any class location (on foot or by vehicle) by a representative of the Sweet Onion Christian Learning Center. I understand that my signature carries with it the following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for said minor/(self for non-minor) by a licensed physician or emergency medical personnel.
2. I knowingly release, absolve, indemnify, hold harmless the Sweet Onion Christian Learning Center and any adult leaders from all claims that might result from any injury or death of minor (self when applicable). This agreement pertains to all programs and activities including those where transportation is provided. Including transportation to/from the CLC class daily.
3. Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all medical or hospital costs.
4. I understand that I can rescind this release any time with a written request to the Sweet Onion Christian Learning Center. It is also my responsibility to let the SOCLC know of any changes in the information I have provided.
5. Photographs/Video are sometimes taken during the activities the students will be participating in for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web sites, brochures and newsletters. Student's last names are never used without specific permission. By signing this area, you are releasing the SOCLC to use of photographs of the student as stated above.

Parent / Guardian Name: _____
Parent / Guardian Signature _____ Date: _____

Student Name: _____
Student's Signature _____ Date: _____

Class Locations
VHS Students: Tabernacle Baptist Church, Vidalia