



Parents/Guardians voluntarily register their children for participation in School of Enrichment's Onsite events – Parents/Guardians are required to complete and sign the medical release, liability release and registration form for each child participating. Children will not be accepted into the program without completed and signed forms.

*For More Information: schoolofenrichment@gmail.com 541.771.1257*

**EVENT REGISTERING FOR:** \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(last name, first name, middle initial)

Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Second Cell: \_\_\_\_\_

Work: \_\_\_\_\_

**Other persons to contact if we can't reach name above:** \_\_\_\_\_  
(Name)

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Other persons to contact if we can't reach name above:** \_\_\_\_\_  
(Name)

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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### **Release of Liability and Acknowledgment and Acceptance of Liability through Participation**

By signing this agreement, I hereby acknowledge that I have knowingly and willingly entered my child in this event, through School of Enrichment. Allow any images, photos, video images; audio recording from these events to be used for marketing, advertising or any other purpose deemed necessary to promote or market, instruct or enhance the organizations listed above and their audience or groups or potential groups or audiences. In consideration for the right to enter the property premises, I hereby release and agree to protect, indemnify and hold harmless the landowner, land manager, director, owner, leader and his or her respective heirs, agents, employees and assigns from and against any and all claims, demands, causes of action and damages, including attorneys' fees, resulting from any accident, incident or occurrence arising out of, incidental to or in any way resulting from the use of the land premises and all improvements thereon, instruction or event, whether or not caused by the Instructor negligence or gross negligence. This release applies during the time that I/they are/am permitted on the premises. I hereby further covenant and agree that I, my heirs, successors and assigns will not make any claim or institute any suit or action at law or in equity against the Instructor or his or her respective heirs, agents, representatives, employees, successors or assigns by reason of conditions of the premises or activities occurring thereon. As used in this release, the terms *I, my person* and *myself* include minors in my care while on the premises.

**Signature:** \_\_\_\_\_ **Printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Medical Release Form  
School of Enrichment's Onsite events**

Parents voluntarily register their children for participation in School of Enrichment's Onsite events. Parents are required to complete and sign the medical release form for each child registered to participate. Children will not be accepted into the program without this completed and signed form.

Person to contact in Emergency: \_\_\_\_\_

Your family physician or medical office: \_\_\_\_\_  
(Name of doctor or medical office)

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Please check if your child has any of these health problems. We need to be prepared.

Allergy \_\_\_\_\_ Epilepsy \_\_\_\_\_ Heart condition \_\_\_\_\_ Diabetes \_\_\_\_\_

Does your child have other health problems we should be aware of: Yes No

If yes, please explain here: \_\_\_\_\_

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Is your child on medication: Yes No

If yes, please list all medications: \_\_\_\_\_

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Medical Insurance Coverage: Yes No

Company Name: \_\_\_\_\_

Policy number: \_\_\_\_\_ Phone number: \_\_\_\_\_

I hereby release School of Enrichment and partnering businesses and other staff from responsibility in case of illness, accident, or injury. I further give permission to any physician, hospital, or other medical facility to provide treatment to my child in the event of a medical emergency.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Parents: Do Not Complete Bottom Portion of Form  
School of Enrichment Staff**

Medical File Information: YES \_\_\_\_\_ NO \_\_\_\_\_

Liability on file: YES \_\_\_\_\_ NO \_\_\_\_\_

PAYMENT: Check Number: \_\_\_\_\_ Cash: \_\_\_\_\_ Raffle: \_\_\_\_\_