ROCK SOLID HIGH SCHOOL
LIABILITY RELEASE

Health & Accident
I/We the parents of _____ release the Faculty, Staff, Officers and Board of Directors of Rock Solid High School from liability for damages or injuries resulting from my/our child's participation in all normal school activities, including Physical Education, Science, Art or lab oriented classes. Safety rules are an important part of learning in any environment, and I/we understand that every effort will be made to teach my/our child the rules of safe conduct while he/she is attending Rock Solid High School. I/We will not hold the Faculty, Staff, Officers or Board of Directors responsible, either jointly or separately, for injuries that result from my/our child's direct disobedience of the prescribed safety rules.

Transportation
I/We understand that parents are invited to participate in all school field trips and/or excursions and will be responsible for my/our child's transportation. If I/we will be unable to attend, I/we hereby grant Rock Solid High School Faculty, Staff and/or their designated representative permission to transport my/our child on such field trips and/or excursions. This transportation is regarded as a personal favor to me/us, and Rock Solid High School Faculty, Staff and/or designated representatives are receiving no compensation for it.

Discipline
I/We understand that the purpose of attendance at Rock Solid High School is to enrich our child academically. I/We understand that if my/our child is disruptive during classes, the other children are not able to benefit from the instruction. The faculty and/or Staff may find it necessary to notify me/us that my/our child should be sent home early if this situation occurs. If disruptive behavior continues, the Faculty and/or Staff may require expulsion of my/our child from the classes he/she may be enrolled in at that time. I/We understand that if expulsion is required, program fees will be prorated from the day my/our child was expelled with the remaining balance returned to me/us within 30 days following expulsion. Registration fees and material fees will be forfeited if expulsion occurs.

Emergencies
In case of an emergency, I/we understand that every effort will be made to contact the persons listed below. I/we hereby authorize Rock Solid High School Staff, and/or physician selected by the staff, to secure any indicated treatment, including hospitalization, to safeguard the welfare of my/our child. I/We accept responsibility for all expenses incurred in treatment.

In case of an emergency, please contact:

_____ _____
(Name & Phone Number) (Name & Phone Number)

Health Insurance Carrier/Phone: _____ Policy #_____

Doctor/Pediatrician: _____

Address: _____ Phone: _____

Preferred Hospital: _____ Known Allergies: _____

Individuals authorized to pick-up my/our child, other than parent:

_____
(Name & Phone Number) (Relationship to child)

_____
(Name & Phone Number) (Relationship to child)

I/We understand and agree to the policies, provisions and waivers above:

_____ _____
(Father's Signature) (Date) (Mother's Signature) (Date)

1/26/09