

Joy Homeschool Co-op 2026-27
Medical Authorization and Release Waiver

As JHC participants, our family _____ (add family surname), do hereby release *Stone Oak Cumberland Presbyterian Church*, and hold harmless the directors, staff, tutors, volunteers, coaches, medical attendants and leaders of **Joy Homeschool Co-op** from any and all liability for all losses, damages or injuries occurring as a result of our participation in any **Joy Homeschool Co-op** classes, events or programs. We further agree to make, or cause to be made, by assignment of third party benefits or otherwise, full and complete payment for examination, treatment or hospital care required in the case of a medical emergency. We understand that reasonable precautions will be taken to make all **Joy Homeschool Co-op** classes, events and programs safe and beneficial for all adults and children, but that risk of injury cannot be eliminated entirely, and that this release is necessary for participation in all **Joy Homeschool Co-op** classes, events and programs.

Furthermore, in the event we or our children suffer injury, any director, coach, staff member, tutor, medical attendant, volunteer, or adult leader of **Joy Homeschool Co-op** may give consent to emergency medical treatment for us or our children when we cannot be contacted or unable to give consent. Such required medical treatment may include, without limitation, x-ray examination, anesthetic, medical diagnosis, treatment, or general hospital care. No prior determination of life-threatening emergency, or danger of serious or permanent injury resulting from delay of treatment, need be made under this authorization. This authorization is given in advance of any specific hospital care.

Signed: _____ Date: _____

Print name: _____ Date: _____

Student name: _____ Date: _____

Student name: _____ Date: _____

Student name: _____ Date: _____