

Statement of Cooperation and Waiver of Liability



- It is my understanding that it is policy for Washington County Christian School to make no refunds on registration fees, textbook payments or tuition.
- It is my understanding that my child/ren's grade report, or any other school records will not be released or transferred unless my school account is current or paid in full.
- It is my understanding that Washington County Christian School has full discretion for the grade placement of my child.
- It is my understanding that my child/ren will be attending Washington County Christian School on a probationary basis for one school term, however, I understand that the school reserves the right to dismiss any child at any times who fails to comply with the established school regulations and discipline or whose financial obligations remain delinquent.
- I agree that participation is needed in lending practical help and prayer support in mutual effort to train my child. Because of this, I will attend the PTM(Parent Teacher Meetings) and all necessary conferences unless providently hindered.
- I agree to abide by and support the standards, purpose, philosophy, and regulations of Washington County Christian School on behalf of the student.
- I give permission for my child/ren, whose name/s is/are set forth below, to take part in all activities, bus trips, sports activities on the premises of Washington County Christian School, and School sponsored trips away from the School premises. I indemnify and save Washington County Christian School, its employees, and agents harmless from any liability or medical payments resulting from my child/ren participating in the above-mentioned activities. I understand that Washington County Christian School does not provide medical insurance coverage for my child/ren and that any medical expenses incurred will be paid by either my own medical insurance or myself.
- I also believe that discipline is necessary for the welfare of each student, as well as for the entire School. I give permission for my child's teacher and/or other agent of the School to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth- in the Scriptures.
- I further agree to hold the School and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the School or any agent thereof because of any injury or alleged injury to my child whether at school or on any transportation.
- In the event that a Washington County Christian School photographer or video camera person takes a picture with my child in it, either singly or in a group, I give permission for my child's picture to be used in future brochures, videotape, or other printed publications of Washington County Christian School, community publications, or the WCCS internet website.
- Should legal action, for any reason, be taken against Washington County Christian School or any employee or agent thereof, on my child's behalf and the School or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs that Washington County Christian School or its agent should incur to defend itself against such action.

FRONT

BACK

- I agree to allow my name and phone number to be published in a student/family phone directory produced by Washington County Christian School unless I specifically opt out of the publication in writing. I understand that this directory will be distributed to all families with enrolled students during the school year my child/ren attend.
- This Statement of Cooperation will be in effect for as long as my child/ren listed (or others to be enrolled) attend Washington County Christian School whether it be in the pre-school, elementary, junior-senior high, or summer school.
- I understand that should my marital status change, it is my responsibility to have a corrected Statement of Cooperation and Waiver of Liability signed and updated and delivered to Washington County Christian School.
- I agree that parental support is an essential part of the educational process. I understand that if in the sole discretion of the administration, as parent, I fail to support the Administrator or staff or the standards articulated in the school's Statement of Faith, the administration reserves the right to deny my student/s continued enrollment in the school.

List children's names and grades:

Signature of **both** parents:

_____	_____
Mother	Date
_____	_____
Father	Date
_____	_____
Signature of sole guardian	Date
_____	_____
Signature of sole guardian	Date

Sate of Florida
County of Washington

I hereby certify that on this day, before me, an officer duly authorized in the state aforesaid and in the county aforesaid to take acknowledgements, personally appeared _____, to me known to be the person(s) that (s)he executed the same for the proposed therein expressed.

Witness my hand and official seal in the county and state aforesaid this _____ day of _____, 20____.

(Notary Public)

Individual personally know to me _____ Identification shown _____ Did not take oath _____ Did take oath _____

Revised 03/11/13