

**A HIGHER  
STANDARD**



New Concept Academy

新概念中文

### **LIABILITY RELEASE**

The undersigned, in consideration of participation in the classes, activities and pick up services, agrees to indemnify and hold NEW CONCEPT ACADEMY, its contractors, employees and volunteers, and the Union School District harmless and release NEW CONCEPT ACADEMY, its contractors, employees and volunteers, and the Union School District from any and all liability for any injury which may be suffered by the individual(s) registered at NEW CONCEPT ACADEMY, arising out of, or in any way connected with participation in the classes, activities and pick up services. I give my consent for emergency medical or dental treatment, including transportation to the nearest emergency aid facility, if my child is injured.

I HAVE READ THE ABOVE AGREEMENT, AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURY RECEIVED. I GIVE PERMISSION TO NEW CONCEPT ACADEMY FOR ANY NECESSARY MEDICAL CARE TO BE GIVEN TO MY CHILD(REN) IN CASE OF AN EMERGENCY/ACCIDENT. I AGREE TO ASSUME FULL RESPONSIBILITY FOR THE COSTS OF ANY TREATMENT PROVIDED AND ABIDE BY NEW CONCEPT ACADEMY ROLES/POLICIES.

PRINT NAME (Parent/Guardian): \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE (Parent/Guardian): \_\_\_\_\_