



**Use One Form per Child. Please print.**

Child's First & Last Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Cell Phone number (where parent may be reached during the Activity or Event)

\_\_\_\_\_ OR \_\_\_\_\_

Special medical needs (allergies, medications, etc.) \_\_\_\_\_

**Medical Consent Authorization and Release**

I understand and hereby agree to assume all of the risks, which may be encountered by my child at the SETX Homeschool Help Summit, hosted by the Southeast Texas Educational Partnership (STEP) and Lighthouse Home School Support, including activities preliminary and subsequent thereto. I do hereby agree to hold STEP and Lighthouse Home School Support, their employees and volunteers, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

In the event that my child becomes injured or ill during any game or activity, I authorize STEP and Lighthouse Home School Support, or their representatives, to secure first aid and/or the services of a physician or hospital, and I agree to assume all financial obligations incurred therewith.

I understand STEP and Lighthouse Home School Support are committed to conducting their programs in a safe manner and that my children are required to follow rules of the facility.

I permit STEP and Lighthouse Home School Support to use any photographs or videos taken while I or my children are at the SETX Homeschool Help Summit and engaged in any activity or event sponsored, promoted, or organized by STEP and Lighthouse Home School Support, including publicity, advertising, or any legitimate purposes.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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