

Good Earth Montessori and GEM Charter School

Medical Waiver

Parent/Guardian have disclosed in writing to GEM any physical, mental, or emotional disabilities (or history of such) of their child or any other matter which could affect the child's enrollment at the school and the pursuit of instruction and training at the school. Except for any such separate written disclosure, Parent/Guardian signifies by signing this agreement that the child is physically capable of participating in all aspects of instruction and training of the school.

Parent/Guardian has inspected the facilities of the school and has determined that they are adequate for their child's instruction. Parent/Guardian also has had full opportunity to make inquiry regarding the instruction and training provided by GEM.

Limitations: Parent/Guardian agrees to indemnify and hold harmless GEM, its directors, instructors, employees, and volunteers, from and against any and all claims, demands, losses, attorney's fees, costs damages, actions, suits, or proceedings arising allegedly or in reality due to injury to child while participating in any activity at the school as long as the child/ren were properly supervised.

Parent/Guardian further agrees to a limitation (as permitted by law) of damages, claims, cost, attorneys fees, injuries, or loss caused or occasioned by any acts committed or omitted by GEM, its directors, instructors, employees, or volunteers related to any school activity, unless caused by the negligence or misconduct of GEM, its directors, instructors, employees, or volunteers.

Integration Clause: No other representations or provisions, either written or oral, are a part of this agreement, unless expressly set forth herein. This Agreement represents the entire understanding between GEM and the undersigned Parent/Guardian for purpose of enrolling the child in the school.

Name of Child(ren): _____

Name of Parent/Guardian (print) _____

Signature: _____ Date: _____

Subscribed to and sworn before me this _____ day of _____ 20_____.

Notary: _____.

Commission Expires: _____.