



Parent Release Form

I, _____, am in agreement to allow the person listed below to take control and care of my child(ren) to allow my children to attend IMPACT Co-op. By enrolling your children in IMPACT Home School Co-op, you agree to the following: IMPACT Home School Co-op, its members and instructors, and Sparks Nazarene Church assume no liability and make no assumptions of risk for anyone attending IMPACT Home School Co-op. In addition, parents are directly responsible for the actions of their children. Compensation for injury or damages, either deliberate or accidental, shall be borne entirely by the responsible family.

I further understand and agree to the following:

- I agree to read through the parent information and discuss the rules with my child(ren).
- I understand that the board must approve this arrangement.
- I understand that the responsible party will be required to fulfill my volunteer & clean-up duties.
- I agree this is a privilege and that at any time if this agreement is not followed, (including volunteer and clean-up assignments) that your child(ren) will not be allowed to attend co-op without your presence.

I leave my children:

1) _____

2) _____

3) _____

in the care of, _____, who will assume all responsibility for my child(ren) in my absence. They will also be responsible for my volunteer and clean-up assignments.

Parent Signature & Emergency Phone Number

Date

Responsible Party Signature

Approved by the Board