



## Liability Release

### Participant Agreement, Release, and Acknowledgement of Risk

In consideration of the service of Liberty School Inc. their agents, owners, officers, volunteers, participants, employers, and all other persons or entities acting in any capacity on their behalf, including activities at facilities owned by, but not limited to Liberty School Inc. I hereby agree to release and discharge Liberty School Inc., on behalf of my minor child, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. Risks: I acknowledge that my minor child's participation in school activities, both inside and outside, entails known and anticipated risks could result in physical and emotional injury, paralysis, death or damage to my child, my child's property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activities of Liberty School Inc.
2. I expressly agree and promise to accept and assume on my minor child's behalf all the risks existing in these activities. My minor child's participation in these activities is purely voluntary, and I elect to allow my minor child to participate in spite of all risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless The Liberty School from any and all claims, demands, or causes of action, which are in any way connected with my minor child's participation in these activities or my child's use of The Liberty School's equipment and facilities, including any such Claims which allege negligent acts or omissions of Liberty School Inc.
4. Should Liberty School Inc. or anyone else's action on their behalf, be required to incur attorney's fees and/or other costs to enforce this agreement, I agree to pay Liberty School's Inc. reasonable attorney's fees and other costs thereby expended.
5. I have been informed and am aware that Liberty School Inc. has in force an insurance policy to provide insurance against medical hospitalization costs only which are incurred as the result of injuries sustained by my minor child while engaging only in Liberty School Inc. activities for which I have completed this Release. I understand this coverage is secondary only to my primary medical and hospitalization insurance and it will pay only those costs not paid by my own insurance coverage. I certify that my minor child has adequate insurance to cover any injury or damage my minor child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself.
6. In the event that I file a lawsuit against Liberty School Inc., I agree to do so solely in the state of Colorado, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of the agreement is found to be void of unenforceable, the remaining portions shall remain in full force and effect.
7. This agreement is binding upon me and upon my spouse, heirs, assigns, dependents, personal representatives, attorneys and my estates. This agreement is also binding upon my child or children on whose behalf it is executed and upon any legal guardian thereof.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my child's participation in The Liberty School activities, I may be found by a court of law to have waived my right to maintain a lawsuit against The Liberty School on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this document. I have read and understood it, and I agree to be bound by its terms.

In consideration of \_\_\_\_\_ (print student's name) (Minor) being permitted by Liberty School Inc. to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless The Liberty School from any and all Claims which are brought about by, or on behalf of Minor, and which are in any way connected with such use or participating by Minor.

Signature of Parent/Guardian #1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian #2: \_\_\_\_\_ Date: \_\_\_\_\_



## Child's Medical Statement

(To be completed by a licensed health care practitioner)

Child's name: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's age: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Surgery: \_\_\_\_\_

Illnesses: \_\_\_\_\_

Chronic Health Problems: \_\_\_\_\_

Describe any physical condition requiring special attention:

\_\_\_\_\_

Allergies: \_\_\_\_\_

Vision Exam Results: \_\_\_\_\_

Hearing Exam Results: \_\_\_\_\_

Physical Findings: \_\_\_\_\_

Comments and recommendations to child care personnel: \_\_\_\_\_

\_\_\_\_\_

**Colorado Department of Health Certificate of Immunization and attach to this form.**

**\*Please record immunizations and dates administered on the**

Date: \_\_\_\_\_ Provider's Signature: \_\_\_\_\_

Provider's Phone: \_\_\_\_\_

I hereby give permission for Liberty School Inc. to treat my child with basic CPR or actions necessary to sustain life until the appropriate medical attention can be administered. I agree to allow my child to receive Tylenol and/or ibuprofen for minor aches and pains.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## General Field Trip Permission Form

I/We, \_\_\_\_\_, as a parent/guardian of the following student \_\_\_\_\_ give our consent for said child to participate in school sponsored activities away from The Liberty School premises. I/We understand that I/we will be notified at least one day in advance of extended excursions and will inform the school by written request should I/we choose to keep my/our child from the activity of the trip.

I/We hereby release The Liberty School and any representative of the school from liability or responsibility for any injuries, damages or expenses that may occur to the above named student arising from any school activity, and I/we agree to indemnify and hold harmless The Liberty School and any representative of the school against any such claim for injuries, damages or expenses made by or on behalf of the student.

Signature of Parent/Guardian #1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian #2: \_\_\_\_\_ Date: \_\_\_\_\_



## Technology Contract

I shall not:

- Tamper with anyone else's Chromebook.
- Download or stream anything to my Chromebook without permission
- Play un-assigned games during school using my Chromebook.
- Print without permission
- Visit inappropriate web sites
- Use my Chromebook around any food/drink
- Stack anything on top of my Chromebook
- Store my Chromebook in my locker
- Sign into my personal accounts (e.g., iTunes, YouTube, Snapchat, etc. )

All Chromebooks will:

- Be stored and charged in my designated dock during recess, lunch, and after school for charging
- Closed during transition

If I violate any of the above, appropriate consequences will be administered.

Consequences can include:

- Parental notification
- Loss of technology privileges
- Replacement of technology device

Notice: Liberty staff reserves the right to modify this agreement if the need arises.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Behavior and Work Expectations

The supportive, loving, positive school culture at Liberty is one of our most prized assets, and it is likely one of the main reasons you want your child to attend school here. Another vital reason you likely want your child at Liberty is to make significant academic gains. Therefore, we want to be explicitly clear about what is expected of our students and the process for when expectations are not met.

Hopefully it goes without saying that we aim to employ every possible resource in order for every student to feel supported, succeed, and thrive during his/her time here. Also, as in any family, we understand that there may be disagreements from time to time. There may be days when working hard is especially difficult for any number of reasons. We strive to impart tools that will help students learn to successfully navigate through these challenges. To successfully deliver our mission, however, there are some basic, yet very important expectations that we require of every student.

We expect each student will:

- Respect for staff and students
- Put forth reasonable effort
- Accept teacher help
- Comply with reasonable teacher directions

We cannot tolerate:

- Bullying in any form
- Chronically disruptive behavior
- Refusal to work

When a student is behaving poorly in class, we first try to understand the underlying cause, so we can effectively find solutions. Teachers build strong, caring relationships with the students here, so behavioral intervention is often as simple as a private conversation or two. Teachers also employ role-play to help students understand the impact of their behavior, and elements of the Love and Logic approach, so students understand the natural consequences of their actions.

Classroom teachers will do their best to manage issues as they arise, but if they continue despite interventions, the Head of School will become involved and parents will be notified in an effort to solicit help from home. If teacher and parent interventions prove to be ineffective, the student will not be allowed to continue attending school. Please review this with your child and sign below.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_