



2023 Waiver

I do hereby request that my child, _____, be allowed to participate in activities during Summer Fit 2023 at the Kansas Learning Center for Health. I indemnify and hold the Kansas Learning Center for Health and its staff and guest staff, harmless from any and all liability resulting from claims, damage, injury or illness sustained by my child. I grant the Kansas Learning Center for Health permission to provide or obtain medical attention for my child in the event of sickness or injury while participating in the program and I understand that accident insurance is not included in the program fees. Should a student require medical treatment during the program, parents shall bear all expenses.

Furthermore, I give the Kansas Learning Center for Health permission to photograph or videotape myself/my child for educational and promotional materials.

Signature – Parent/Guardian

Date

I give the staff of the Kansas Learning Center for Health permission to take my child off campus for short field trips in Halstead. If medical needs arise while my child is participating in the program, I give the staff of the Kansas Learning Center for Health permission to seek medical treatment for my child between the dates of June 12, 2023 through July 14, 2023.

Signature – Parent/Guardian

Date