



Westlake Chinese School Consent and Release Form

FOR ADULT

I, *(Print name)* _____, enroll in the Westlake Chinese Cultural Association's Tai Chi, Badminton, Table Tennis or other programs and physical activities. I understand that I will participate in programs at Westlake Lee Burneson Middle School, as well as other locations. I assume all risks in connection with my participation in those programs and activities. I release, waive, and discharge the Westlake Chinese Cultural Association, Westlake City Schools, and their officers, directors, employees, agents and volunteers from all claims, judgments, or liability by or on behalf of myself, for any illness including COVID-19, injury or damage due to any of my participation in those programs and activities at any place or location, including all risks connected to my participation, whether foreseen or unforeseen. I know that it is my responsibility to provide adequate health insurance for myself.

Signature _____

Date _____

FOR CHILDREN

I, *(Print name)* _____, am the Parent or Guardian of these students who are enrolled in the Westlake Chinese Cultural Association's Kung Fu, Dance, Badminton, or other programs and physical activities. The students are:

1 *(Print name)*

2 *(Print name)*

3 *(Print name)*

4 *(Print name)*

I consent to each child's participation in those programs and activities. I understand that each child will participate in lessons at the Westlake Lee Burneson Middle School. I also understand that they may also participate in presentations and programs at other locations. In consideration of the child/children being allowed to participate in the classes and programs, on behalf of my child/children, my spouse, and myself, I assume all risks in connection with their participation in those programs and activities. I release, waive, and discharge the Westlake Chinese Cultural Association, Westlake City Schools, and its officers, directors, employees, agents and volunteers from all claims, judgments, or liability by or on behalf of my child/children, myself and my spouse for any illness including COVID-19, injury or damage due to any of my children's participation in the Kung Fu, Dance, Badminton or other programs and physical activities at any place or location, including all risks connected to their participation, whether foreseen or unforeseen. I know that it is my responsibility to provide adequate health insurance for my child or children.

Signature (parent/guardian's) _____

Date _____