



**HOME EDUCATION ASSOCIATIONAL RESOURCES (H.E.A.R.)  
PERMISSION, LIABILITY WAIVER AND MEDIAL RELEASE FORM**

Throughout the year, H.E.A.R. undertakes a number of field trips and other H.E.A.R. organized or sponsored activities (“Activities”) that involve certain inherent risks. Therefore, we require all families to sign this liability waiver and medical release form. This document: (1) authorizes your family to participate in the Activities, (2) releases H.E.A.R. from any liability should you, your child or any member of your family be injured or incur other damages in connection with an Activity, and (3) pre-authorizes medical treatment for your child in the event of an emergency, if you are not available to authorize treatment. **Please fill out this form completely, sign it in the space indicated and return it to the appropriate H.E.A.R. representative.**

**Family Information**

Last Name: \_\_\_\_\_

Dad’s Name: \_\_\_\_\_ Mom’s Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Child’s Name	Age	Gender	Health Conditions and/or Allergies
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____

**Waiver and Release**

*I give permission for me, my child and all other members of my family (“Family”) to participate in the Activities. I voluntarily assume any and all risks, known or unknown, associated with my Family’s participation in the Activities. I acknowledge that the Activities may present certain risks and I hereby assume any and all risks associated with such Activities, including, without limitation, the risk of physical injury for members of my Family. I hereby release H.E.A.R., its leaders and teachers from any and all liability and damages that may arise during the Activities. In addition, I authorize all medical, surgical and dental treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures or emergency medical transportation as may be performed or prescribed by any physician and/or paramedics for my child and any other member of my Family and hereby waive the right to informed consent of treatment. This medical waiver applies only in the event that neither parent/guardian set forth above can be reached prior to the administration of the medical treatment.*

Parent’s/Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_