



Alice Ferguson Foundation Parent Permissions & Waiver Agreement

My child has permission to participate in all activities at the Alice Ferguson Foundation. I hereby release the Alice Ferguson Foundation from all liability claims and damages in excess of applicable insurance including; but not limited to, personal injury or illness, property damage, court costs, attorneys' fees and interest, however caused, as a result of the student participating in any program at the Alice Ferguson Foundation. I give my permission to the Alice Ferguson Foundation to seek medical attention for this child including, but not limited to, medical care prescribed at a duly licensed physician (M.D.), or Dentist (D.D.S.). I also authorize the Alice Ferguson Foundation staff to administer first aid to this child or transfer this child to a medical facility, if the need arises. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

I grant permission for my child's name, voice, and photographic likeness to be used by the Alice Ferguson Foundation, or school personnel, or reporters, journalists or photographers employed by news media. I understand that my child's likeness may be used in publications and /or other media, whether now known or hereafter existing, controlled by the Alice Ferguson Foundation, in perpetuity, and for other use by the Alice Ferguson Foundation. I will make no monetary or other claim against the Alice Ferguson Foundation for the use of the photograph(s) video.

COVID-19 Health & Safety Addendum

I further acknowledge and accept the risks to myself, my child(ren) and my family of exposure to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which is responsible for Coronavirus Disease (COVID-19), and any mutation or variation thereof, which may result from my child's participation in this program. I further acknowledge and accept that these risks are shared by all participants, Alice Ferguson Foundation staff and their families, and pledge to follow all rules and guidelines set out by the Alice Ferguson Foundation and state and local authorities.

By signing my name below, I hereby acknowledge that I have read and I agree to the terms and conditions of the above Parent Permissions & Waiver Agreement.

Child(rens) Name(s) - Please Print

Parent/Guardian Signature

Date