

BRAZOS VALLEY CHRISTIAN HOME EDUCATORS ASSOCIATION, INC.
DELTA OMICRON CHAPTER OF THE ETA SIGMA ALPHA
HOME SCHOOL NATIONAL HONOR SOCIETY
PERMISSION SLIP/ INDEMNIFICATION AND WAIVER OF LIABILITY / AND PHOTO RELEASE

This form is to be completed by both Parents or Legal Guardians, if the student is under the age of 18. If the student is over the age of 18, the student must complete the form on back.

The Delta Omicron Chapter of the Eta Sigma Alpha Home School National Honor Society is the homeschool honor society program (the “Program”) of the Brazos Valley Christian Home Educators Association Inc. (BVCHEA). The Program is hereinafter referred to as “Delta Omicron”.

I, _____, the parent and/or legal guardian of _____ (Student), hereby acknowledge that said minor child is under my care, custody, and control. I hereby give my expressed permission for him/her to attend and participate in all Delta Omicron functions.

Photo Release. The Brazos Valley Christian Home Educators Association, Inc. (BVCHEA) has my permission to use my image and/or that of my family and child, which may be captured through video, photo, digital camera or other media at any Delta Omicron events for BVCHEA or Eta Sigma Alpha promotional materials, publications, and on the BVCHEA website, free of charge.

Consent for Medical Treatment. In the event of an emergency necessitating immediate medical attention, I hereby give my permission for any and all emergency medical treatment and/or first aid to be administered to my child, including transportation to a nearby emergency medical facility/hospital and further authorize such medical treatment to be administered as deemed necessary by the medical staff, including surgery. I understand and agree that BVCHEA, its officers, directors, coaches, volunteers and other members assume no financial obligations or liability for the immediate medical treatment that they provide to or for my child.

Release, Indemnification, and Waiver of Liability. In consideration for permitting me and/or my child to participate in Delta Omicron and its activities (including travel to and from), I voluntarily agree, for myself, my child/ward, my heirs, assigns, executors, administrators, representatives and next of kin, TO RELEASE, INDEMNIFY, HOLD HARMLESS, FOREVER DISCHARGE, & AGREE NOT TO SUE BVCHEA, Inc., its officers, directors, coaches, representatives, agents, volunteers, members and other participants, all of which are hereinafter referred to as “Releasees”, from any and all claims, demands, losses or damages on account of injury, including death, and damage to property caused or alleged to be caused in whole or in part by the negligence of the Releasees or for any other cause arising out of my child’s participation in Delta Omicron, to the full extent permitted by the laws of the State of Texas.

By my signature below, I acknowledge that I have read this document and fully understand and agree to its terms.

Parent/Guardian Signature Printed Name Date

Parent/Guardian Signature Printed Name Date

Emergency Contact Numbers:

Name Phone Number

Name Phone Number

**THIS FORM IS TO BE COMPLETED BY THE STUDENT, IF THE STUDENT IS
OVER THE AGE OF 18.**

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Participant's Name: _____ Age: _____

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I, _____ (Student), am over the age of 18. In consideration of BVCHEA permitting me to participate in Delta Omicron and its activities, I do hereby agree as follows:

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Consent for Medical Treatment. In the event of an emergency necessitating immediate medical attention, I hereby give my permission for any and all emergency medical treatment and/or first aid to be administered to my me, including transportation to a nearby emergency medical facility/hospital and further authorize such medical treatment to be administered as deemed necessary by the medical staff, including surgery. I understand and agree that BVCHEA, its officers, directors, coaches, volunteers and other members assume no financial obligations or liability for the immediate medical treatment that they provide to or for me.

Indemnification and Waiver of Liability. In consideration for permitting me to participate in Delta Omicron and its activities (including travel to and from), I voluntarily agree, for myself, my heirs, assigns, executors, administrators, representatives and next of kin, **TO RELEASE, INDEMNIFY, HOLD HARMLESS, FOREVER DISCHARGE, & AGREE NOT TO SUE BVCHEA, Inc., its officers, directors, coaches, representatives, agents, volunteers, members and other participants, all of which are hereinafter referred to as "Releasees", from any and all claims, demands, losses or damages on account of injury, including death, and damage to property caused or alleged to be caused in whole or in part by the negligence of the Releasees or for any other cause arising out of my participation in Delta Omicron, to the full extent permitted by the laws of the State of Texas.**

By my signature below, I acknowledge that I have read this document and fully understand and agree to its terms.

Student's Signature

Date

Emergency Contact Numbers:

Name

Phone Number

Name

Phone Number