

BISHOP SEABURY ACADEMY SUMMER CAMP RELEASE AGREEMENT

1. I, _____ (Name of parent/guardian) have voluntarily chosen to allow _____ ("Student"), a student at Bishop Seabury Academy (the "School") to participate in the program ("Program") known as a Seabury Summer Camp offered and/or coordinated by the School, which will take place during the summer of 2025.
2. As consideration for Student being permitted to participate in the Program, I hereby **RELEASE AND DISCHARGE** the School, and its trustees, employees, volunteers, agents, and all related organizations ("the Released Parties"), jointly and severally, from all claims, causes of action, liabilities, damages, costs, and expenses for personal injury or property damage arising out of Student's Participation in the Program (the "Claims"), except to the extent that the Claims are the direct result of the intentional, willful, or wanton acts of the Released Parties. I waive all such Claims and agree not to sue the Released Parties for the Claims.
3. In further consideration for the School permitting Student to participate in the Program, I agree to indemnify, save and hold harmless the Released Parties, jointly and severally, from any and all claims, causes of action, liabilities, damages, costs, and expenses, including attorney's fees, arising from Student's participation in the Program.
4. I am hereby acknowledging that Student's health is satisfactory to engage in the activities described for Program, and that I will inform School should Student's health situation change prior to commencement of, or during, the Program. In the event of illness or injury, I authorize the School and its employees, volunteers or agents to administer and/or secure medical treatment for Student on my behalf. I agree to be financially responsible for the full extent of such medical treatment and any related transportation.

In the event Student needs medical attention, the School will endeavor to notify me or:

(Name, e-mail address and telephone number of closest relative)

Name of Parents'/Guardians' Insurance: _____

Insurance Policy No. or Group No.: _____

Student's Doctor: _____
(Name) (Telephone Number)

Student is currently taking the following medications:

Student has the following allergies / conditions:

Additional information regarding Student:

5. I further agree that if Student violates any applicable rule, regulation, instruction or law at any time from the date this document is signed through the completion of the Program the Student may be unable to participate in the Program and/or be sent home immediately. In addition, I also acknowledge that Student's actions during the Program must follow the Seabury Honor Code and all policies included in the Community Handbook, and those actions will be treated as though they occurred at School.

- 6. I expressly agree that this release of liability and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Kansas and that if any of its provisions are held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.
- 7. I have read this Release Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to bring legal action or assert a claim against the School and its trustees, employees, volunteers and agents. I acknowledge that I am signing this agreement fully and voluntarily and effecting a complete and unconditional release of all liability, for myself and for Student, to the greatest extent allowed by law.

Parent or Guardian Signature

Date

Student Signature

Date