

# UNITED LEARNING ACADEMY RELEASE FORM

Acknowledgement and Assumption of Risks, Release of Liability, And Permission to Treat

I, the undersigned parent/legal guardian of \_\_\_\_\_ authorize said child's full participation in **United Learning Academy** Programs ("ULA") and related activities.

In consideration of the activities to be provided by ULA to my child, I hereby agree to release the following parties from any claims that I or, to the extent permitted by law, my child may have arising out of my child's participation in ULA programs: United Learning Academy, Brain Monkeys LLC, staff, instructors or Westminster Presbyterian Church. I agree that this is a complete release and extends to any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury including death that may be sustained by my child while participating in ULA activities or while on the premises where ULA activities are conducted. **The claims hereby released include claims of negligence by any released party, but do not include claims for gross negligence or willful injury.**

I give ULA my permission to arrange medical care or treatment for my child in the event of an injury or medical emergency. This permission extends to the services of a physician, surgeon, hospital, or other medical care facility as may be required and covers transportation to such a facility. I further agree that I am responsible for the costs of any such medical services.

**Print Student's Name:** \_\_\_\_\_

**Medical Insurance Company and Policy Number:** \_\_\_\_\_

**Please list any medical conditions we need to be aware of:** \_\_\_\_\_

\_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Authorization for audio and visual records

I (we) understand and agree United Learning Academy and Brain Monkeys LLC may make audio and/or visual recordings of the student participating in the activities and programs at the center. I (we) understand such audio and/or visual recordings are the sole property of the United Learning Academy and Brain Monkeys LLC and may be used and distributed at the discretion United Learning Academy and Brain Monkeys LLC.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# UNITED LEARNING ACADEMY CODE OF CONDUCT

While at all United Learning Academy sponsored activities, I understand that I, \_\_\_\_\_, a student at ULA, am expected to follow these rules:

- 1) Be polite and respectful. I will respect myself, my instructors, other students, and property
- 2) Use appropriate language and behavior at all times. I will not physically or emotionally hurt others with words or actions. My speech and dress will be modest. I will remember to walk in the building and follow the ULA Campus Guidelines.
- 3) Keep hands, feet, and objects to yourself. I will not touch anyone in an inappropriate manner nor will I damage property or the building.
- 4) Be Prepared. I will be in my assigned place with appropriate materials, ready to work at the designated time that class begins. I will complete any assignments in a timely manner so that I will be ready to fully participate in class.
- 5) Cooperate with instructors and staff. I will follow all class rules and instructions given to me by my instructors, ULA staff members, volunteers, and directors.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_