

Mar Narsai Malpana Assyrian Language School

Assyrian Church of the East - Mar Yosip Parish, San Jose

Waiver of Liability Claims and Release Form

Please read this form carefully and be aware that in registering yourself or your child, and or ward for participation in the above school, you will be waiving and releasing all claims for injuries you or your child and / or ward might sustain arising out of the above school program(s).

I recognize and acknowledge that there are certain risks of serious injury to participation in the above school and I agree to assume that full risk of any injuries, damages or loss regardless of severity, which I or my child and/ or ward may sustain as a result of such school. I agree to waive and relinquish all claims I or my child and/ or ward may have as a result of participating in any of the above school program (s) against Mar Yosip Parish in San Jose or the Holy Apostolic Catholic Assyrian Church of the East, Diocese of California inc, and its agents, its employees, officers, directors, representatives, shareholders, its school teachers, staff and volunteers or assigns from any and all claims from injuries, damages or loss which I or my child and/ or ward may have or which may accrue to me on account of my participation or the participation of my child and/ or ward in any of the program(s) of said school, including but not limited to all of its corporate entities. I further agree to indemnify and hold harmless and defend Mar Yosip Parish, in San Jose or the Holy Apostolic Catholic Assyrian Church of the East, Diocese of California inc., and its agents, its employees, officers, directors, representatives, shareholders, its teachers, staff, and volunteers or assigns from any and all claims resulting from injuries, damages, and losses sustained by me or my child and/ or ward, and arising out of, connected with or in any way associated with the activities of any of the program(s). In the event of an emergency, I authorize the staff of the above school or assignees to secure from any licensed Hospital, physician and/or medical personnel any treatment deemed necessary for me or my child and / or ward immediate care and agree that I will be responsible for full payment of any and all medical services rendered.

I have read and fully understand the above rules and waiver and release of all claims.

Full name of Parent / Guardian:

Student's name:

Signature: Date:

Dear Parent / Guardian:

During the school year, we take photographs and / or videos from the entire school which can be used for our yearbook, event flyers, or the school Facebook page.

Please make the appropriate selection for your authorization.

Type of use	Grant Permission
2023-24 Yearbook	<input type="checkbox"/>
School's Facebook page	<input type="checkbox"/>
Our Event Flyers	<input type="checkbox"/>

By signing this form you agree that the options above remain in effect during the 2023-24 school year and are applied to you and your child.

Student's Name: _____

Parent Signature: _____ Date: _____