

MOSBY WOODS PTA SPRING 2019 AFTERSCHOOL PROGRAM

PARTICIPATION WAIVER ELECTRONIC AGREEMENT

Read through the Permission and Waiver Agreement, sign and date. WAIVER MUST BE SIGNED PRIOR TO THE FIRST DAY OF CLASS.

THIS PERMISSION AND WAIVER AGREEMENT IS REQUIRED FOR PARTICIPATION IN ALL MOSBY WOODS ELEMENTARY SCHOOL AFTER SCHOOL PROGRAMS.

If multiple children participate in the same program, only one Permission and Waiver Agreement needs to be submitted for all children. All programs require this completed waiver prior to the start date of each program.

1. Permission. I am the parent or guardian of the child/children whose application is being submitted herewith. I give permission for my child/children to participate in the class(es) for which I have registered my child/children.

2. Waiver. I assume, on behalf of myself, my child/children, and my heirs, assignees, agents and anyone who could bring any claim or action on behalf of my child/children, all risks associated with participation in the class. MOSBY WOODS Elementary School Parent Teachers Association/Virginia Congress of Parents (the "PTA") assume no liability for loss, accident, bodily injury, or other injury arising from participation in the program that is not the result of gross negligence or intentional acts by the agents and/or employees of any of these entities.

3. Attorneys' Fees and Costs. I agree that if I or anyone acting on my behalf or my child's/children's behalf, brings any claim or action against this PTA, I will pay the reasonable attorneys' fees and costs incurred by the party against whom such claim or action is brought in defending or responding to such claim or action.

4. Instructors. The instructors provided to teach the offered class(es) are FCPS approved vendors, independent contractors, employees of the school, parents and legal guardians of MOSBY WOODS students and members of this PTA.

5. Fitness. I understand and agree that any physical activities involved in this program may carry a risk of death or serious bodily injury. **Due to the strenuous nature of some activities, each participant is encouraged to consult his or her physician concerning fitness to participate in the program.** The PTA has made no physical assessment of my child/children prior to his or her participation in the class(es) and I assume the responsibility for making such assessment.

6. Emergency Care. I consent to emergency treatment for my child/children if deemed necessary during my child's/children's attendance at the class(es). I understand that no coverage or reimbursement for medical expenses shall be available from the PTA or any of their agents, and I agree to be responsible for all medical expenses relating to my child's/children's participation in this program. Furthermore, I agree that none of the PTA or any of their agents, shall be held responsible for the quality of medical care given in any such emergency.

7. Weather Policy. I understand that the PTA will do everything in its power to ensure that classes are held as scheduled; however, in the event that classes are cancelled or rescheduled due to bad weather or other unforeseen school closure, I will not be compensated, either through additional class days or monetary reimbursement, for any unexpected class cancellations, either weather related or otherwise.

8. Transportation. I understand that none of the PTA or their representatives are responsible for students once they have departed the school property after the scheduled activity, whether they are walking or being transported by automobile or bus. I agree to make every effort to ensure that my child/children is/are appropriately and safely transported from the class to my care. **No FCPS Elementary School students are allowed to walk home alone from after school clubs.**

9. Late Fees. I agree that, in the event that I am late in picking up my child/children from class, a fee of \$10 for every 15 minutes or less of tardiness will be due to the instructor who waited with my student and a warning notice will be given. Upon second late pick up my student will be dismissed from participation in class/club/program. Refunds will not be issued for any student removed from a class due to late pick-ups.

10. Class Behavior. My child/children and I understand and agree that my child's/children's participation in the class may be terminated for inappropriate behavior. Inappropriate behavior is determined in the sole discretion of the PTA in collaboration with said programs instructors. After one warning for inappropriate behavior, any student who does not maintain appropriate behavior in the class will not be allowed to attend the remaining classes scheduled for that program. Parents will be notified at the time of the first warning and before the child/children is/are removed from class. Refunds will not be issued for any student removed from a class for behavioral reasons.

11. Snacks. Children will not be permitted to eat snacks of any kind during the PTA activity. Any snacks consumed must comply with School policy and occur before or after the said program and outside of the designated classroom, gym, or field of play.

12. Promotions. I consent to use by the PTA, or this school, use of any photographs taken or video made of the after-school programming through standard PTA and school media.

13. School Affiliation. **I certify that my child/children attending this/these PTA program is/are currently enrolled at this School and live/lives within the boundaries of this School.**

NAME OF AFTERSCHOOL PROGRAM(S) STUDENT (S) ENROLLED IN:

NAME OF STUDENTS & GRADES:

PARENT SIGNATURE: _____ DATE: _____