



## Liability Waiver & Participation Agreement (North Carolina)

School Year: 20\_\_\_\_ / 20\_\_\_\_

Effective Date: \_\_\_\_\_

### I. STUDENT & GUARDIAN INFORMATION

Student Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

### II. WAIVER, INDEMNIFICATION, AND ASSUMPTION OF RISK

*Please initial each line item to indicate your informed consent under North Carolina law:*

#### Terms and Conditions

\_\_\_\_\_  
**RELEASE OF LIABILITY:** In consideration of the privilege of my child's participation, I hereby release and waive all claims against FPC Day school, its trustees, officers, and employees for damages or injuries, including those attributable to simple negligence, arising from school activities on or off-site.

\_\_\_\_\_  
**EXPRESS ASSUMPTION OF RISK:** I acknowledge that I am aware of the inherent risks of school and playground activities. I expressly and voluntarily assume all risks, whether foreseeable or not, and understand that I am giving up substantial legal rights, including the right to sue.

\_\_\_\_\_  
**INDEMNIFICATION:** I agree to indemnify and hold harmless the Released Parties from any financial loss, including legal fees, resulting from claims brought by me, my child, or third parties related to my child's participation.

\_\_\_\_\_  
**EMERGENCY MEDICAL AUTHORIZATION:** I authorize FPC Day School to obtain emergency medical attention and transport for my child as required by NC DCDEE standards. I accept full responsibility for all associated medical costs.

\_\_\_\_\_  
**SAFE SLEEP POLICY (If Under 12 Mo):** I attest that I have received and discussed the school's Safe Sleep Policy as required by N.C.G.S. § 110-91(15). I understand



children under 12 months must sleep on their backs unless a medical waiver is provided.

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**MEDICATION POLICY:** I acknowledge that only life-saving medications (e.g., \_\_\_\_\_ EpiPens, Inhalers) are permitted with a complete NC Medication Authorization From signed by a healthcare provider.

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**PHOTO AND VIDEO AUTHORIZATION:** I/We, the undersigned parent(s) or legal guardian(s), hereby grant FPC Day School and First Presbyterian Church authorization to use photographs, \_\_\_\_\_ digital images, or video recordings of my child for the purpose of promoting the Day School and its programs.

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**SEVERABILITY:** I agree that this waiver is intended to be as broad and inclusive as \_\_\_\_\_ permitted by North Carolina law. If any portion is held invalid, the remainder shall continue with full legal force and effect.

### III. FINAL EXECUTION

I certify that I am the parent or legal guardian of the student. I have read this document, understood its terms, and sign it freely and voluntarily as a complete and unconditional release of liability to the greatest extent allowed by law.

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

### IV. ADMINISTRATIVE VERIFICATION (OFFICE USE ONLY)

**Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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