**Assumption of Risk and Medical Release**

Description of Activities: Homeschool Science Classes and Labs, Teacher: Kris Johanson, 4618 Monongahela St., San Diego, CA, Sept. 2020 through June 2021.

Indicate which class/lab: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As consideration for my student being permitted to participate in the above referenced Science Classes and Labs which are held in the private home of Kris & Pamela Johanson, I, individually and as parent or guardian of my student, hereby agree to assume the risks and responsibilities surrounding his/her participation in these Activities, and I agree to release, hold harmless, and indemnify Kris Johanson (d.b.a. Nexgen Academy) and Pamela Johanson, their assigns, heirs, next of kin and/or estates, and other parent-volunteers from and against any claims, demands, actions, causes of action, lawsuits, expenses, or losses (including attorneys’ fees) on account of personal injury arising out of or attributable to my student’s participation in the above Activities.

I have received and thoughtfully reviewed the “Lab Safety Rules” handout which was provided to parents. I understand that my student’s participation in these science classes & labs involves inherent risks of injury arising from these activities or from other activities that may be associated with it.

I acknowledge the contagious nature of Covid-19, and voluntarily assume the risk that my student may be exposed to or infected by Covid-19 by participating in these activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Per the Centers for Disease Control and Prevention, Covid-19 is a contagious disease thought to be spread mainly from person to person. I, as the legal guardian on behalf of the minor participant, understand that the risk of becoming exposed to or infected by Covid-19 at these science classes and labs may result from the actions, omissions, or negligence of myself, the minor participant, and others, including, but not limited to, the teacher, volunteers, and other participants and their families.

I, parent/guardian, acknowledge that I have read and understand this document, and I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. This Assumption of Risk and Medical Release is valid until rescinded in writing.

Parent/Guardian (sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Release Form**

I, (Parent/Guardian name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give permission for medical and/or ambulatory attention to be administered to my child/student, referenced above, in the event of accident, injury, sickness. I also assume responsibility for the payment of any such treatment. I am not aware of any medical condition of my student which would render it inappropriate for him/her to participate in the science classes and labs, and I assume the risk of any unknown medical condition my student may have that might be affected by his/her participation.

Parent/guardian phone number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name/number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician/phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any special instructions and/or pertinent medical information:

Parent/Guardian (sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_