**Assumption of Risk and Medical Release (2 pages)**

Description of Activities: STEM Classes and Labs, Teacher: Kris Johanson, 4618 Monongahela St., San Diego, CA, Sept. 2022 through May 2023.

Indicate which class(es)/lab(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

As consideration for my student being permitted to participate in the above referenced STEM 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 carefully reviewed the “Lab Safety Agreement” handout which is posted on the ‘Policies’ page on the student portal. I understand that my student’s participation involves inherent risks of injury arising from the classes and labs or from other activities that may be associated with them. I have carefully read and discussed with my student/child the class policies listed under the ‘Policies’ tab on the NexGen student portal, including those pertaining to student conduct and academic integrity, and my student and I agree to abide by them.

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 This Assumption of Risk and Medical Release is valid until rescinded in writing.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**

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 pertaining to my student which would render it inappropriate for him/her to participate in the STEM 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Continued on page 2:

Page 2/2: Medical Release (cont.)

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

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