

Name(s) of Student(s): _____

Waiver of Liability: (Please read carefully, signature and date are required. Adult student is not required to sign this waiver.)

I, the undersigned, unconditionally release and discharge the Kentuckiana Chinese School (KCS), its officers, teachers and volunteers from any and all liability arising from, related to, or connected with any injury, illness or damage caused by, resulting from, or sustained in the course of my family or designee's participation in classes or other activities conducted by or associated with KCS.

Emergency Contact Name _____

Emergency Contact Phone# _____

Health Insurance Co. _____ Policy ID _____

Health Insurance Contact Phone# _____

Name of Parent/Guardian _____

Parent/Guardian signature _____ Date _____

Please list any medical conditions that KCS needs to be aware of.
