

**Memphis-area Home Education Association and  
Tipton HEART Homeschool Support Group  
Activity and Medical/Claims Liability Release**

Activity: \_\_\_\_\_ Activity Date: \_\_\_\_\_

Person authorized to act for parent in an emergency (other than mother and father):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

In case of an emergency I do hereby authorize **THE MEMPHIS-AREA HOME EDUCATION ASSOCIATION** and **TIPTON HEART HOMESCHOOL SUPPORT GROUP** staff to obtain emergency medical care and treatment for my child if I am not immediately available. I release **THE MEMPHIS-AREA HOME EDUCATION ASSOCIATION** and **TIPTON HEART HOMESCHOOL SUPPORT GROUP**, staff and volunteers from claim or liability due to sickness or injury. I attest to the fact that the above medical emergency. I also accept responsibility to have my child picked up immediately in event of illness, accident, or for disciplinary reasons. I understand that this is not a permission slip allowing the above named individual to participate in this activity but that this is a **MEDICAL RELEASE AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**. In consideration for my child being allowed to participate in activities sponsored by **THE MEMPHIS-AREA HOME EDUCATION ASSOCIATION** and **TIPTON HEART HOMESCHOOL SUPPORT GROUP**, I hereby release, discharge, indemnify and agree to hold harmless **THE MEMPHIS-AREA HOME EDUCATION ASSOCIATION** and **TIPTON HEART HOMESCHOOL SUPPORT GROUP**, its officers, directors, employees and all volunteers' personnel from any and all liability for personal injuries and/or damage(s), or illness that may be suffered by my child during this program. I/we further agree to indemnify and hold harmless **THE MEMPHIS-AREA HOME EDUCATION ASSOCIATION** and **TIPTON HEART HOMESCHOOL SUPPORT GROUP**, its directors, employees and all volunteers' attorney fees, litigation expenses and court costs.

Parent/Guardian: \_\_\_\_\_ Relationship to Entrant: \_\_\_\_\_ Date: \_\_\_\_\_