# Homeschool Classes of Riverview

HomeSchoolClasses.org

## 2025-2026 Liability Waver

Student Name _____

Parent's Name _____

Street Address _____

City _____, State _____ Zip _____

Cell Phone Numbers Mother _____ Father _____
Other_____

The above provided information is correct and complete to the best of my knowledge. I/We have read and understand the terms, policies, and requirements that each teacher has established for their classes and understand that signing this agreement confirms compliance. I/We give complete authorization for a representative of Homeschool Classes of Riverview to request and receive any medical treatment in the event of need. I/We accept full responsibility for the payment of all medical services provided. I/We release and hold blameless the employees, volunteers, and Board of Directors of Redeemer Church and the teachers of Homeschool Classes of Riverview from any and all claims of liability past, present and/or future. I/We accept the financial responsibility for any and all damage to facilities or personal property for which our Child is found to be responsible. I/We understand that the total class tuition and facility fee must be paid at the start of classes unless a payment schedule has been established. I/We understand that any and all deposits, fees and/or tuition amount paid is non-refundable even should the student not attend, or be expelled due to dishonest, disrespectful, inappropriate and/or violent behavior.

I, as Parent/Guardian of this student, agree to the terms of this Agreement.

Signature: _____

Printed Name: _____

Date: ___/_____/_____