



Christian Education with Academic Excellence

11312 Washington Boulevard  
Los Angeles, CA 90066  
Phone (310) 391-6963

## CCCS On-Campus Learning Liability Waiver

Student Last Name \_\_\_\_\_ First \_\_\_\_\_

Classroom Entering \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female

Comments/Requests/Medical Needs:

\_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

Best phone for contact \_\_\_\_\_ Email \_\_\_\_\_

**Culver City Christian School will not be held responsible or liable for anything Covid-19 related during your return to on-campus learning.**

**I hereby take all responsibility concerning my child's physical condition upon entering Culver City Christian School.**

By submitting this form, I agree to the following waiver: As parent/guardian of the above student of CCCS, I hereby take all responsibility concerning my child's physical condition upon entering Culver City Christian School. I recognize, acknowledge and agree to assume the full risk of any injuries, damages or loss, which may be sustained as a result of participating in any and all activities connected with or associated with CCCS. I further agree to indemnify and hold harmless Culver City Christian School from any and all claims sustained by my child, arising out of, connected with, or in any way associated with the activities of the school. I confirm that my child has up-to-date health insurance coverage and understand that Culver City Christian School does not provide health insurance for students. In the event of an emergency, I authorize any treatment deemed necessary from any accredited hospital and/or physician(s) for the immediate care of my child. I agree that I am responsible for providing insurance coverage and payment for any and all medical services rendered.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit a separate completed waiver for each student to the CCCS Office.