

**CONSENT FORM AND LIABILITY WAIVER**  
(If two parents or guardians, **both** need to sign)

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Applicant's Last name, First name, and Middle initial	Date of birth		
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Address	City	State	Zip Code
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Home phone	Mom's cell phone	Dad's cell phone	

**MEDICAL RELEASE**

In the event of illness or injury occurring to my child while involved in Eta Sigma Alpha activities, I consent to x-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital or medical facility furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone No. \_\_\_\_\_

**RELEASE, WAIVER, INDEMNITY, AND HOLD HARMLESS AGREEMENT**

In consideration for the benefits to be derived from participation in honor society activities, the applicant and his or her parents, guardians, family, and/or their estates or representatives hereby unconditionally release any and all claims, potential claims, actions, and/or remedies, whether in contract or in tort, legal or equitable, against Eta Sigma Alpha, the National Home School Honor Society, or against the sponsors, officers, agents, or other representatives of said organization, or any other persons working under their direction or engaged in the conduct of the organization's affairs, arising out of any accident, illness, injury, damage, or other loss or harm to or incurred or suffered by the applicant named above, or to his or her property, in connection with or incidental to any Eta Sigma Alpha activity, including travel to or from any Eta Sigma Alpha activity, whether or not caused in whole or in part by the negligence of any one or more of the released parties.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_  
Father/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_  
Mother/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_