Millennium Academy
Education in the Arts, Sciences and Accelerated Learning

Waiver of Liability

MillenniumAcademy
Port Richey, Florida 34668
PHONE: 727 845-8150 FAX: 727-844-5424

It is mandatory for the parents/guardians of applicants under 18 years to sign this form.

Last Name _____, First Name _____

I understand and acknowledge that there is a risk of injury to my child by his/her participation in off-campus trips and activities. I further understand that it is voluntary for my child to participate and that the school does not require her/his participation. I hereby release the above named school and state, its employees, officers, agents, and trustees, and waive for myself, my heirs, executors, administrators and assigns any and all rights and claims for damages from any and all injuries that my child may suffer as a result of his/her voluntary participation in trips and/or activities.

I further agree to hold harmless and indemnify the above named college, its employees, officers, agents and trustees for any action, claim, or proceeding initiated as a result of any injury suffered by my child or any third party through his/her participation in any trips and/or activities.

By signing this Waiver of Liability for Off-Campus Trips and Activities form, I acknowledge that I have read its contents and warning, that I understand it contents and warning, and that I agree to its terms.

X_____ _____
Signature of Parent/Guardian Date

_____
Witness

Consent to Medical Care and Treatment of Minor Children

Hospitals and Physicians may be reluctant to treat or care for children without consent from parents or legal guardians. This can cause problems if the child has a medical emergency and parents/guardians are not really available to consent to treatment.

Copies of this form will be made available to International Education Division, International Student Services, Housing, and the Student Programs offices of the above aforementioned high school.

I, _____ the natural parent/guardian of _____
(student), authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or available in the interest of my child's health and well-being, and it is not advisable to take the time to contact me in advance.

Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results, possible alternatives, and the risks, complications and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including non-treatment.

X _____ _____
Signature of Parent/Guardian Date

_____
Witness