

**Bohua Chinese School, Boulder, Colorado**  
**Waiver and Release of Liability (2010-2011)**

As parent/guardian of the student(s) whose names appear below, I hereby release and waive any claim against Bohua Chinese School, as well as the school's officers, directors, agents, teachers, and volunteers for any damage or injury suffered by the students on account of or in connection with the students' participation in the school related activities. This Waiver and Release of Liability shall operate as complete waiver and release for any personal injury, missing person, death, and waiver of property or other damage or loss, including loss of use, which may arise in connection with the students' participation in the school related activity, including extra curriculum class such as dancing, drawing, art craft, etc.

As a parent/guardian of the student(s) named below, I acknowledge that I am aware of the risks associated with the school related activities, whether the risks are by reason of preparation for participation, transportation of the students, exposing the students to the elements and to general public, or otherwise exposing the students to risks which may or may not be generally associated with the school related activities.

Student 1: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student 2: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student 3: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student 4: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian  
(Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Emergency Contact and Medical Form (2010-2011)

*In order to provide with appropriate response in the event of emergency, you are requested to complete this form.*

Student 1: Name \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Student 2: Name \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Student 3: Name \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Allergies \_\_\_\_\_

In case of emergency, I or another guardian can be reached at the following numbers:

Guardian 1 Name: \_\_\_\_\_ Emergency Tel. #: \_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_ Emergency Tel. #: \_\_\_\_\_

I give permission for either of the following people, if parents/guardians can not be located, to be contacted and/or to remove myself (if adult student), or my child/children from Bohua Chinese School. Emergency contact names if parents/guardian cannot be located:

Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

I hereby grant permission to Bohua Chinese School to authorize and obtain medical care from any licensed physician, emergency medical technician, hospital or medical clinic should any above referenced name(s) become ill or injured while under the School's care. The School will make every attempt to inform in the event of any emergency.

\_\_\_\_\_  
Parent/Guardian  
(Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date