

**STATEMENT OF CONSENT TO PARTICIPATE IN
MAKER SPACE PROGRAM
ACTIVITY AND RELEASE AGREEMENT**

STUDENT NAME: _____

High Point Academy ("School") is offering students an opportunity to participate in the School's Maker Space/Design Lab ("Program"). Such activity bears greater risk of injury than what is encountered in a normal classroom. **High Point students participating in Program will be permitted to use various equipment and power tools as part of this activity.** While every reasonable effort is made to educate students on proper safety measures and handling of the equipment and tools, such use does expose your student to a heightened risk of injury.

No High Point student may participate in the Program absent the express written consent of his or her parents or guardian. **By signature below, I consent to my child, a student at High Point Academy ("Student") participating in the Program.**

I assume all risks in connection with my Student's participation in the Program and related activities and hereby release and discharge, on my behalf and on behalf of my Student, High Point Academy, its employees, directors, agents and volunteers (collectively "School") from all liability, claims or demands for any damage, loss or injury to my Student or my Student's property in connection with his or her participation in this activity and related travel, if any, or activities which are incidental to such participation. This Agreement releases School from any liability for negligence, except gross negligence.

I FULLY UNDERSTAND THAT BY SIGNING THIS RELEASE, I AGREE, FOR MYSELF AND MY STUDENT, THAT I AM RELEASING HIGH POINT ACADEMY FROM ANY LIABILITY OR RESPONSIBILITY FOR ANY PERSONAL INJURIES OR LOSSES THAT MY STUDENT OR I INCUR ARISING OUT OF THIS ACTIVITY.

I hereby give my permission to the School to render first aid and/or to obtain medical/surgical care, including hospitalization, for any illness or accident involving my Student. In the event that I cannot be reached in an emergency, I also authorize any physician or medical staff to make examinations and render medical and/or surgical treatment deemed necessary for the preservation of my Student's health and welfare. I understand that the costs for such medical treatment shall be my sole responsibility. I release from any liability High Point Academy, as well as any physician and/or medical staff who provide health care services to my Student.

This Agreement and the rights and obligations of the parties hereunder shall be construed and enforced in accordance with the laws of the State of California. This Agreement may not be modified except in writing signed by the Head of School of High Point Academy.

By signature below:

I give permission for my child (student name above) to participate

I do not give permission for my child (student name above) to participate

Date

Signature of Parent or Legal Guardian