



THE  
LEE LANAU  
SCHOOL

**2024-2025 School Year  
General Liability Release**

THIS IS A RELEASE OF LIABILITY. PLEASE READ CAREFULLY BEFORE SIGNING.

I understand that involvement in various school-related activities involves a certain degree of risk, which may result in injury or death. I accept and understand the actual and potential risks incidental to any such activities.

To induce, and as consideration for, the offering and/or providing of the activities to the undersigned student, I/we do hereby release and agree to hold harmless and indemnify The Leelanau School, and all other persons or entities involved in the planning, preparation or administration of such activities (hereinafter, individually and /or collectively, the "Releasees" and the Releasees', officers, directors, trustees, personal representatives, successors, assigns, employees, agents, and attorneys from and against any and all claims, actions, losses, liability and damages (whether asserted by or on behalf of me, members of my family and/or my respective estates, heirs, personal representatives or assigned) arising out of or from any property damage, contract, tort, personal injury or death, that may or shall be incurred by me in any way from or during such activities including, without limitation, my participation in or presence at, any activities or use of any equipment, facilities and/or other property during said activities, whether or not caused by the acts, omissions or negligence of any one or more of the Releasees or any other cause. In addition, I release each Releasee from any and all liability associated with the theft, loss or damage of any personal property.

I understand that this General Liability Release is binding not only upon myself, but also upon my parents, guardians, conservators, custodians, trustees, estate, heirs, personal representatives and assigns. I agree that if any provision of this General Liability Release, or the application thereof, is held invalid, the invalidity shall not affect other provision or application of this Agreement which can be given effect. I further understand that this agreement shall be effective as of and after the date it is signed by me. If signed by more than one person below, we acknowledge that this General Liability

Release is jointly and severally binding on us both. I HAVE READ AND UNDERSTAND THIS RELEASE

Parent/Guardian Signature

Student Signature

**Handbook Acknowledgment - Student**

I have reviewed the Student Handbook and understand that I will be held accountable to the policies stated in the Student Handbook. I understand that the School reserves the right to, at any time, add to or modify, revoke, suspend, terminate or change any or all rules, policies or procedures, in whole or in part, with or without notice.

Student Signature

**Handbook Acknowledgment - Parent/Guardian**

I have reviewed the Student Handbook with my child and understand that my/our child will be held accountable to the policies stated in the Student Handbook. I/we understand that the School reserves the right to, at any time, add to or modify, revoke, suspend, terminate or change any or all rules, policies or procedures, in whole or in part, with or without notice.

Parent/Guardian Signature

**Student Media Consent and Release Form**

Throughout the school year, students may be highlighted in efforts to either promote their achievements and/or The Leelanau School. For example, students may be featured in materials to increase awareness of our school through newspapers, radio, TV, the Web, DVDs, Displays, Brochures and other types of media.

By providing your consent you will be giving The Leelanau School, its representatives and authorized media organizations permission to print, photograph, and record your child for use in radio, video, film, or any other electronic, digital and printed media.a. This is with the understanding that neither The Leelanau School nor its representatives will reproduce said media for any commercial value or receive monetary gain for use of any reproduction/broadcast of said student or likeness. Neither you nor your child will receive monetary compensation for my child’s participation.

a. This is with the understanding that neither The Leelanau School nor its representatives will reproduce said media for any commercial value or receive monetary gain for use of any reproduction/broadcast of said student or likeness. Neither you nor your child will receive monetary compensation for my child’s participation.

b. You are releasing and relieving The Leelanau School, its Board of Trustees, and representatives from any liabilities,known or unknown, arising out of the use of this material.

\* I am fully aware that I will not receive monetary compensation for my child’s participation. Further, I release and relieve The Leelanau School, its Board of Trustees, and representatives from any liabilities, known or unknown arising out of the use of this material.

\* I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Specific Authorizations:

Social Media

Print Media

Website Media

Internally distributed newsletters and parent communications (e.g.

LeeNews)

Parent/Guardian Signature

Student Signature

## **Medication Authorization**

I authorize The Leelanau School's nurse(s) and other designated school personnel to administer medications and treatments to my child in case of illness or injury. Medications include "over the counter" as well as prescription medications. I understand that medications are to be delivered directly to the nurse or other school personnel upon arrival to the School. Medications mailed to the School must be addressed to The Leelanau School Nurse. I will abide by the School's medication policy. Please do not give any over the counter medication or any drug samples to your student. Health Services will accommodate medication needs according to school policy. Medication in student's rooms without the proper paperwork and approval will be collected and held in the nurse's office.

SIGNATURE (Parent)

## **Drug Screening Consent**

I am aware that The Leelanau School practices a mandatory/random drug testing program with students being tested upon entry into the school program each year. During the first few days of the school year, all students receive a baseline screening paid for by the School. The cost for testing after that will be billed to the student's account if there is a positive test result. I also understand that my child may be subject to random tests throughout the school year. If the result is positive, I know that I will be informed of the process by which the School will attempt to encourage my child toward a choice to eliminate drug use. If I have any questions about the testing procedure or the drug policy, in general, I will contact the Head of School. I support the School's effort to be drug-free.

SIGNATURE (Parent and Student)

## **Waivers**

The Leelanau School nurse or staff will not accept responsibility for the following:

1. Medication or treatments not prescribed by The Leelanau School nurse or family doctor and action resulting from its use.
2. Actions of the student contrary to medical service or recommendation.

## **Verification**

I certify that every answer that I have given on all Leelanau School application forms, medical forms and consent forms in complete and accurate to the best of my knowledge. I understand that answers to these questions are of vital importance to my child's health care while at The Leelanau School. I answered questions fully and correctly. The Leelanau School reserves the right to dismiss any students (without refund), or to cancel any contract if incorrect or incomplete information is supplied on these forms.

## **Agreement**

The undersigned releases, holds harmless and covenants not to sue The Leelanau School/The Leelanau Center for Education its trustees, officers, teachers, employees, agents, successors, and assigns from and for any and all claims, actions, causes of action or other liability to person or property whatsoever, including, without limitation, liability arising out of or related to providing medical and/or psychological care to the student, transporting the student (whether by faculty or other students), drug testing, physical and mental examination or testing of the student, student participation in any school sponsored activities (whether on or off premises), student operating or riding on or in a bicycle or motor vehicle on premises, on premises accidents and actions or omissions by the student himself or herself or by other students.

## **Assumption of Risk, Release of Liability and Consent**

**Assumption of Risk:** I understand and appreciate that participation in sports carries a risk of both minor and serious injuries, including permanently disabling injuries and death. I acknowledge that I have been reasonably advised and/or otherwise know, understand, and appreciate the inherent risks of participation in athletic sports and of using facilities and/or equipment. By executing this document, I knowingly accept and assume these risks and assert that I am voluntarily participating in such activities despite knowing of such risks.

**Release of Claims:** In consideration of my participation in The Leelanau School's Athletic Sports program, and use of its facilities and equipment, on behalf of myself, my heirs, personal representatives and assigns, I hereby release The Leelanau School (the "School") along with its employees, instructors, coaches, volunteers, consultants, employees, agents, attorneys, insurers, successors, and assigns from any liability for any injury, loss of life, negligence, property loss or damage, or other loss or damage occurring as a result of my participation in The Leelanau School Sports teams or practices, competitions, tournaments, sporting events or as a result of the facilities or equipment that may have been provided to me for those activities. I willingly agree to comply with stated and customary terms and conditions for participation in The Athletic Sports Program and use all recommended protective equipment. If I observe any unusual or unnecessary hazard during my presence or participation at any fencing activity, I will immediately bring such to the attention of the nearest School representative or other person in charge. I represent and understand, by signing below, that I have read this document, fully understand it, and freely and voluntarily sign the same, and that I am acting for myself, my heirs, personal representatives, and assigns.

SIGNATURE (Parent)

**Parent/Guardian Consent and Release of Information**

It is possible that an emergency might arise which requires that your child receive medical intervention at the nearest emergency facility. In the event that I am unable to be contracted, I authorize The Leelanau School to arrange for emergency care as well as any and all immunizations, diagnostic procedures, examinations, medical, surgical, dental or mental health care and treatment that a physician or other health professional of their choice may determine is necessary for my child. I also authorize the results of such care to be released to The Leelanau School. (The records to include, alcohol and drug abuse records protected under the regulations in 42 Code of Federal Regulations, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPPA); social service records, and psychological services records, including communications made by me to a social worker and psychologist, and all information defined by statute and Michigan Department of Public Health Rules (Public Act 174, 1989) governing Human Immunodeficiency Virus (HIV), HIV Test, Acquired Immunodeficiency Syndrome (AIDS) and Aids-related complex (ARC)).

Representatives from The Leelanau School may accompany my child, as circumstances warrant, and they are authorized to serve as “in loco parentis” and also authorized to sign any required permission forms. I understand and agree that The Leelanau School is not responsible for any actions of my child that are contrary to medical advice. I also understand that I will be charged for any transportation for such care and that The Leelanau School is not responsible for paying for my child’s medical bills. This authorization will remain in effect for the duration of the school year.

**Consent for Treatment, Referral, and Release of Information**

I hereby consent to any and all diagnostic procedures, examinations, care and treatment as deemed necessary by the Leelanau health care provider or designate. I further consent to authorize the Leelanau health care provider or designate to refer my child for consultation to any licensed medical personnel or facility as judged necessary and give authority and power to any such provider to render any and all such diagnostic procedures, examinations, care or treatment that he/she may deem necessary to advisable. I also authorize such medical personnel or facilities to release to Leelanau the results of their evaluation including any lab work deemed necessary. I understand I will be charged for dental work, prescriptions, antibiotics, drug/alcohol testing, health physicals requiring transport to the physician office, immunization update requiring transport to the health department/doctors office, glasses, x-rays, consultations and transportation to required appointments. Any Leelanau faculty or staff member may accompany the student as circumstances warrant, and is authorized by Leelanau to sign the proper permit forms required by the facility.

**Serious Accident or Illness**

I understand The Leelanau School will make every effort to contact me in case of a serious accident or illness involving my child, while they are in the custody of Leelanau or its employees. I understand a situation may arise when emergency treatment may be necessary and I cannot be reached. In such situations, I hereby authorize Leelanau personnel to make provisions for treatment with the appropriate medical personnel or facility.

Student Name

Date of Birth

Parent/Guardian Signature

Date

Print Parent/Guardian Name



providing safe, appropriate, and least restrictive educational settings, school health services, or other academic or extracurricular programs.

I have a right to receive a copy of this Authorization. Signing the Authorization may be necessary in order for this student to obtain appropriate services in the School District.

**APPROVAL:**

Printed Name of Parent/Guardian

Parent/Guardian Signature

Relationship to Patient/Student

Area Code and Telephone Number

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