



ADMISSION APPLICATION PACKET

✓ **Please follow this checklist for potential admission:**

- Copy of Birth Certificate (*if not previously submitted*)
- Enrollment Application
- Emergency Consent Form
- Medication Consent Release
- Computer and Internet Use Consent
- Walk Waiver/Exclusion from Walk Waiver
- Parent & Student Handbook Acknowledgment Form and Agreement
- Student Pick-up Release Form
- Financial Agreement with Registration Fee
- Release of School Records Request (If Applicable)
- Waiver Packet
- Form A (each parent/guardian needs to complete individually)
- Field Trip Permission Form
- Release and Authorization for Photographs
- General Liability Waiver and Hold Harmless Agreement
- Gymnastic/Shop/Activity/Animal Release of Liability

Forms must be submitted complete and in the order listed above. All forms are required to be submitted with your application. Incomplete applications will not be accepted. A late registration fee of \$200 will be added to any registration forms that are received after April 30th.

Return these forms with your registration fee* to:

Skyview Learning Academy

1066 S. 4 Road

Douglas, NE 68344

or email to jackie@skyvieweducation.org

*** Registration fee is \$200 for Preschool/Pre-K and \$300 for K-12**

NOTICE OF NONDISCRIMINATORY POLICY

Skyview Learning Academy admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, or athletic and other school-administered programs.

Enrollment Application – Student Information

Student’s Start Date: _____

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Gender: ___M___F Birthdate: _____ Grade: _____ Social Security #: _____

School Attended Last Year (if applicable) _____ Phone: _____

Does the child attend church regularly and, if so, where: _____

Please list any special needs that we should be aware of: _____

Does the student currently have an IEP (Individual Education Plan) or a Behavior Plan at current school: _____

If yes, previous school records must be received before admission process is complete.

Student lives with: ___Mother___ Father ___ Grandparent ___ Guardian ___ Aunt/Uncle ___ Other

Parent/Guardian Information

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Home: () _____ Cell: () _____ Work: () _____

Employer: _____

Parent/Guardian Information

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Home: () _____ Cell: () _____ Work: () _____

Employer: _____

Sibling’s Name: _____ Gender: ___M___F DOB: _____ Grade: _____

Sibling’s Name: _____ Gender: ___M___F DOB: _____ Grade: _____

Sibling’s Name: _____ Gender: ___M___F DOB: _____ Grade: _____

I/we, the undersigned, pledge to uphold the policies and principles of Skyview Learning Academy as outlined in the student handbook. I/we agree to accept full financial responsibility according to the published policies and financial contract. I/we have read the above statements and acknowledge that all information is accurate.

Parent/Guardian _____ Parent/Guardian _____

EMERGENCY/CONSENT FORM

Student's Name: _____

Date of Birth: _____ Phone: Home () _____ Sex (circle) Male
Female

Parents/Guardians: _____ Email: _____

Home Address: _____

Work Mom: () _____ Work Dad: () _____

Cell Mom: () _____ Cell Dad: () _____

Other Emergency Contact: _____ Phone: () _____

Medical Insurance Company: _____

Policy #: _____ ID#: _____

Doctor's Name: _____ Phone: () _____

Dentist's Name: _____ Phone: () _____

I, _____, being the parent or legal guardian of _____, give my consent for emergency medical and surgical treatment in a licensed medical facility by a licensed physician should my child's condition require it in my absence. I understand that, in such a case, reasonable attempts would first be made to contact me, time and conditions permitting. I consent for my child to receive emergency transport. Skyview Learning Academy does not have any medical/dental/hospitalization insurance covering students for injuries at school, including after school activities. If you have not already done so, you should obtain medical insurance coverage for your child.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here: _____.

My student has the following medical condition(s), which may require emergency care (include allergies): _____.

I confirm to Skyview Learning Academy that my child is in good health and that his/her participation does not pose a hazard to his/her health or that of participating students. If my child has any medical conditions that require medication, I acknowledge that no medication should be brought to the school by my child without prior consent of the teacher. In the event of a medical emergency, 911 may be called to provide treatment and transport, if necessary. By signing below, I release and waive any and all claims which I now have or may hereafter have against Skyview Learning Academy and its employees pertaining to any injuries and/or emergencies that may occur while my child is participating in a school activity.

Signature of**Parent/Guardian:** _____ **Date:** _____

Student Medication Release Agreement

This form must be complete for any medication (prescription or non-prescription) that a student will need to take during school hours.

We, the parent(s) or guardian(s) of _____ hereby request personnel employed by Skyview Learning Academy to release:

*Medication: _____ at (time) _____ AM/PM

Purpose of Medication(s): _____

Side Effects of Medication(s): _____

*Medication: _____ at (time) _____ AM/PM

Purpose of Medication(s): _____

Side Effects of Medication(s): _____

Prescription Medication

Skyview Learning Academy policy requires that prescription medication be in it's original pharmacy container/packaging with the student's name, dosage, number of doseages per day that the medication is to be released to the student, and the date that the medication is to be stopped (if applicable). The undersigned parent(s) or guardian(s) hereby agree to release Skyview Learning Academy and its personnel from any and all claims arising from the release of medication to the student.

Non-prescription Medication

I give permission for my child _____ to receive the following medication:

Acetaminophen (Tylenol): ___ Yes ___ No Has taken before without problems: ___ Yes ___ No

Ibuprofen (Advil) ___ Yes ___ No Has taken before without problems: ___ Yes ___ No

Please notify me before my child takes non-prescription medications given by school ___ Yes ___ No

Contact Name: _____ Phone: _____

My child is currently taking other medications at this time: ___ Yes ___ No

Please list all medications and reasons for taking them: _____

Special instructions relating to my child: _____

Student Medication Release Agreement (Page 2)

By signing below you acknowledge and agree to the following:

- Your written consent must be given before any medication can be administered to your child while in the care of the school.
- The prescribing physician may be contacted by the school office for clarification on a medication.
- All medications must be sent to the school in their original packaging - no exceptions.
- You must notify the school immediately if there are changes to your child's medication orders.
- Your child's medication may be administered by an unlicensed person, a teacher, a nurse, or by other school personnel that are deemed competent by Skyview administration.

Signature of

Parent/Guardian: _____ **Date:** _____

Computer and Internet Use Acknowledgment Form

Skyview Learning Academy provides computers and Internet access to enhance the curriculum and learning opportunities for students. The school believes that the resources available through the Internet are of significant value in the learning process and help prepare students for future success in today's high-tech world.

Before a student is allowed to use school computers and Internet services, the student and the student's parent/guardian must sign and return the Computer/Internet Access Acknowledgment Form. The school will retain the signed acknowledgment.

Student Computer and Internet Use Rules

The rules below describe Skyview's policy for student computer and Internet use. The rules are intended to provide general guidelines and examples of prohibited uses but do not attempt to state all required or prohibited activities by users.

A. Computer Use is a Privilege, Not a Right

Student use of the school's computers and Internet services is a privilege, not a right. Failure to comply with school policy and these rules may result in loss of computer and Internet access privileges, disciplinary action, and/or legal action.

B. Acceptable Use

Student access to the school computers and Internet services are provided for educational purposes and research consistent with the school's educational mission, curriculum, and instructional goals. For further information regarding Skyview's educational mission, please review the Parent & Student Handbook.

C. Prohibited Use

The user is responsible for his/her actions and activities involving school computers, network, and Internet services, and for his/her computer files, passwords, and accounts. Examples of unacceptable uses that are expressly prohibited include, but are not limited to, the following:

- 1) Accessing Inappropriate Materials
- 2) Violating Copyrights
- 3) Plagiarism
- 4) Copying Software
- 5) Non-School-Related Uses
- 6) Misuse of Passwords/Unauthorized Access
- 7) Malicious Use/Vandalism
- 8) Unauthorized Access to Chat Rooms/News Groups
- 9) Using Another Student's Log-in Information

D. No Expectation of Privacy

The school retains control, custody, and supervision of all computers and Internet services owned or leased by the school. The school reserves the right to monitor all computer and Internet activity by students. Students have no expectations of privacy in their use of school computers, including e-mail and stored files.

Computer and Internet Use Acknowledgment Form (Page 2)

E. Compensation for Losses, Costs, and/or Damages

The student and/or the student’s parent/guardian shall be responsible for compensating the school for any losses, costs, or damages incurred by the school related to violations of policy and/or these rules, including investigation of violations.

F. School Assumes No Responsibility for Unauthorized Charges or Costs

The school assumes no responsibility for any unauthorized charges made by students including, but not limited to, credit card charges, long distance telephone charges, equipment and line costs, or for any prohibited use of its computers.

G. Student Security

A student shall not reveal his/her full name, address, or telephone number on the Internet without prior permission from a supervising teacher. Students should never meet people they have contacted through the Internet without parental permission. Students should inform their supervising teacher if they access information or messages that are dangerous, inappropriate, or make them uncomfortable in any way.

H. System Security

The security of the school’s computers, networks, and Internet services is a high priority. Any user who identifies a security problem must notify the system administrator. Any user who attempts or causes a breach of system security shall have his/her privileges revoked and may be subject to additional disciplinary and/or legal action.

Student’s Acknowledgment

I have read the Student Computer and Internet Use Acknowledgment Form, and I agree to comply with the guidelines therein. I further understand that violation of the policy and/or rules may result in the revocation of computer privileges and may also result in further disciplinary and/or legal action. I also understand that the school and my parent/guardian will have access to my user names and passwords.

Student’s Printed Name: _____ **Student’s Signature:** _____
Date: _____

Parent’s/Guardian’s Acknowledgment

I have read and reviewed the Student Computer and Internet Use Acknowledgment Form the above-stated student.

Parent’s/Guardian’s Printed Name: _____
Parent’s/Guardian’s Signature: _____
Date: _____

WALK WAIVER
(Must Sign One Option Below)

STATEMENT OF UNDERSTANDING AND RELEASE OF LIABILITY

1. I, _____, agree to assume full liability for my child, _____, student of Skyview Learning Academy, from the time that my child departs the Skyview Learning Academy bus until the time he/she has reached his/her destination, which may or may not be known to Skyview Learning Academy staff. This agreement is valid until the end of the school year or until further written notice. I will not hold Skyview Learning Academy, its staff and/or bus drivers or College View Church responsible in case of accident or injury or otherwise unforeseen event to my child after she has left the school bus. I understand that there may be risk involved with letting my child walk alone to a destination unknown to Skyview Learning Academy staff and outside of adult supervision, which is being assumed by me on behalf of my child.

Parent's/Guardian's Signature

Date

2. IF CHOOSING NOT TO SIGN THE WALK WAIVER:

I, _____, parent/guardian of _____, understand that I, or an individual from the Student Pick-up Release Form List, must walk to the school doors or the bus door in order receive my child. I understand that my child will not be allowed to exit the school or the bus without being immediately released to me or an individual from the Student Pick-up Release Form List in person.

Parent's/Guardian's Signature

Date

Parent & Student Handbook Acknowledgment Form and Agreement

I ACKNOWLEDGE RECEIPT OF THE SKYVIEW LEARNING ACADEMY PARENT & STUDENT HANDBOOK FOR THE 2024-2025 SCHOOL YEAR. I HAVE READ, UNDERSTAND, AND AGREE TO FOLLOW THE INFORMATION PROVIDED ON ALL PAGES OF THE HANDBOOK. I HAVE GONE OVER THE INFORMATION RELEVANT TO MY CHILD(REN) INCLUDING, BUT NOT LIMITED TO, THE BUS CODE OF CONDUCT, THE ATTENDANCE POLICY, THE DRESS AND GROOMING POLICY, THE SKYVIEW STAR POLICY THAT STUDENTS ARE EXPECTED TO FOLLOW, THE INTERNET AND SOCIAL MEDIA SAFETY POLICY, AND THE ELECTRONICS AND CELL PHONE POLICY WITH MY CHILD(REN) WHO WILL BE ATTENDING SKYVIEW. I UNDERSTAND THAT, BY SIGNING THIS ACKNOWLEDGMENT PAGE, I AM ENTERING INTO A CONTRACT WITH SKYVIEW LEARNING ACADEMY AND AM SUBJECT TO THE RULES AND POLICIES SET FORTH IN THE PARENT & STUDENT HANDBOOK.

Parent's/Guardian's Printed Name

Parent's/Guardian's Signature

Date

This page will serve as the Parent & Student Handbook signature page for the following student(s):

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

Student Pick-up Release Form

Child's Name	DOB	Age	Sex
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Child's primary bus stop location (Lincoln, Bennet, or will not ride bus):

Morning Pickup: **Afternoon Dropoff:**

Please list all individuals, including yourself, who are allowed to pick your child up from Skyview or from the bus stop.	
Name:	Relationship to Child:

The following people may NOT pick my child up from Skyview or from the bus stop:	
Name:	Relationship to Child:

_____ Parent's/Guardian's Printed Name
 _____ Parent's/Guardian's Signature
 _____ Date

Financial Agreement

Tuition for Enrollment:

Name of **Preschool** Student _____ 1 X \$800/month = _____

Name of **Preschool** Student _____ 1 X \$800/month = _____

Name of **Elementary** Student _____ 1 X \$650/month = _____

Name of **Elementary** Student _____ 1 X \$650/month = _____

Name of **Elementary** Student _____ 1 X \$650/month = _____

Name of **Elementary** Student _____ 1 X \$650/month = _____

Name of **High School** Student _____ 1 X \$800/month = _____

Name of **High School** Student _____ 1 X \$800/month = _____

Equals Total Monthly Tuition Charges: \$ _____

Total Tuition:	\$ _____
- Total Discounts:	- \$ _____
Total Monthly Charges:	\$ _____

I understand that the tuition is due no later than the 15th of each month and that a \$25 late fee will be applied if not received by the 15th. I am also aware that the monthly charges stated above DO NOT include the one-time per year per child registration fee. I understand that the tuition and fees stated above are my responsibility and I agree to pay them by the indicated due dates.

Parent's/Guardian's Printed Name: _____

Parent's/Guardian's Signature: _____

Date: _____



Parent Authorization for Release of School Records

Parent or Guardian:

Please fill in the information below, sign, and date this form. Submit the form directly to the registrar of your child’s present school. Please understand that school records play an essential role in the enrollment and admission process. The Admissions Committee cannot reach a decision without this information.

STUDENT’S NAME _____ DATE OF BIRTH _____
HOME ADDRESS _____
PRESENT SCHOOL _____
GRADE LEVEL _____

I hereby authorize the release of my child’s school records to Skyview Learning Academy.

Parent’s/Guardian’s Printed Name

Parent’s Guardian’s Signature

Date

Request for School Records

To the Registrar:

The above student is applying for admission to Skyview Learning Academy and we would appreciate you sending us the information listed below. If there are any questions, please call our Office Manager, Jackie, at (402) 890-5640. Thank you!

1. Copies of the report cards and/or transcripts for all grades and courses taken during the years the student attended your school, and for the current school year through the most recent marking period.
2. A statement on the student’s progress and standing at your school. Is the student working above or below grade level in any subject? Has the student received a modified or adapted program in any subject? At the present rate of progress, would the student be eligible for promotion to the next grade level at year end?
3. Copies of the results of all aptitude, IQ, achievement, and/or other diagnostic testing taken during the years the student attended your school. Please be sure to indicate the grade level and dates when the testing was administered, and provide national and other norms when possible.
4. A copy of the student’s complete health records.
5. Any records or information on the student’s extracurricular activities, school behavior, and personality traits that would help us in understanding the student’s educational needs.

Please send these materials as soon as possible to:

Skyview Learning Academy

1066 S. 4th Road

Douglas, NE 68344

E-mail: jackie@skyvieweducation.org

Field Trip Permission Form

I hereby grant permission for my child, _____ (and any additional children listed below), to participate in school-sponsored field trips during the school year. I understand that all reasonable precautions will be taken to allow for adequate supervision and ensure my child's safety. I further understand that I will be notified, in advance, of the nature and destination of all trips involving my child, and that I may revoke this permission at any time with written notice to the school.

Signature of Parent/Guardian: _____ **Date:** _____

If you have more than one student enrolled at Skyview Learning Academy, please complete the following portion of the Field Trip Permission Form:

This release applies to the following additional students that I am parent/guardian of and who are enrolled at Skyview Learning Academy:

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Release and Authorization of Photographic Material for Use in Marketing and Promotion

By signing below, I consent to the use of photographic material including, but not limited to, photographs, slides, digital images, name of child(ren), and video of child(ren) to be used in Skyview Learning Academy and school-affiliated event marketing and/or educational material. I hereby waive any right to inspect or approve above-mentioned forms of photography/media prior to use. I understand that the school may post images of school events and activities that may include my child online for public viewing and I grant them the right to do so.

I acknowledge and accept the waiver of rights contained herein are in effect for the duration of my child's enrollment at Skyview Learning Academy. I hereby acknowledge and accept that the typical and accepted breaks in a school year including, but not limited to, Thanksgiving break, winter break, spring break, and summer break, shall not constitute un-enrollment for the purposes of the waivers contained herein. I understand that I may revoke this permission at any time with written notice to the school.

Printed Name of Child #1:

Printed Name of Child #2 (If Applicable):

Printed Name of Child #3 (If Applicable):

Printed Name of Child #4 (If Applicable):

Printed Name of Child #5 (If Applicable):

Printed Name of Child #6 (If Applicable):

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

GENERAL LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT FOR ATTENDANCE AT SKYVIEW LEARNING ACADEMY

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. We cannot guarantee that you or your student(s) will not become infected with COVID-19 or any other virus or communicable disease.

By attending Skyview Learning Academy and/or participating in our academic programs, services, and activities, I agree to the following:

On behalf of myself and my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Skyview Learning Academy, its employees, agents, volunteers, board members, officers, and representatives, of and from all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating to my/their participation in Skyview school programs, services, or activities. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, volunteers, board members, officers, and representatives, whether a COVID-19 infection or any other virus or communicable disease occurs before, during, or after participation in any such program, service, or activity.

Furthermore, I acknowledge that I have read and agree with Skyview Learning Academy’s official Response to COVID-19, including a flexible mask-wearing policy. I understand it is my responsibility to request a copy of Skyview Learning Academy’s Response to COVID-19 if I have not yet done so. I understand that I am sending my child(ren) child to a school that allows for the parents to decide whether or not their child will wear a mask at school.

I acknowledge and accept the waiver of rights contained herein are in effect for the duration of my child’s enrollment at Skyview Learning Academy. I hereby acknowledge and accept that the typical and accepted breaks in a school year including, but not limited to, Thanksgiving break, winter break, spring break, and summer break, shall not constitute un-enrollment for the purposes of the waivers contained herein. I understand that I may revoke this permission at any time with written notice to the school.

Parent’s/Guardian’s Printed Name: _____

Parent’s/Guardian’s Signature: _____

Date: _____

Names of Student(s):

Gymnastics/Sports/Shop Class/Activity/Animal Waiver Release of Liability, Assumption of Risk, and Indemnity Agreement

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in its entirety. By signing this agreement, you give up your right and the named minor(s)'s right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor(s)'s participation in Skyview Learning Academy's education programs, including those involving animals, now or any time in the future for risks now known or unknown.

As the parent/guardian of the child(ren), I hereby assume all risks and hazards incidental to the conduct of the activities at Skyview Learning Academy. I understand that some educational experiences including, but not limited to, recess time, industrial arts class, gymnastics, tumbling, aerobics, sports, physical education, working with tools, any other activity that involves movement/motion, etc. at Skyview Learning Academy carry the risk of harm and injury. I also understand that, in handling and being in the presence of animals, there does exist a risk of injury including, but not limited to, physical harm caused by the animals or the transmission of disease therefrom. I represent that my child(ren) has/have received a tetanus vaccination and/or all vaccinations recommended by our physician. If my child(ren) has/have not received a tetanus vaccination and/or other vaccinations recommended by our physician, I understand that these vaccinations have been advised and, by not receiving the vaccination(s), I release, discharge, indemnify, covenant not to sue, and hold harmless Skyview Learning Academy, its agents, employees, officers, and directors from any and all claims, causes of action, or demands, if any, in connection with any injury, illness, or condition that may be incurred or sustained by said child(ren) in any way connected with the decision to refuse the tetanus vaccination or other vaccinations. I understand that no insurance coverage for participants in these activities is provided by Skyview Learning Academy. In consideration for my child(ren)'s participation in Skyview Learning Academy, I agree that on behalf of myself, my child(ren), my heirs, family members, personal representatives and executors, we assume the risk of the activities and I release, discharge, indemnify, covenant not to sue, and hold harmless Skyview Learning Academy, its agents, employees, officers, and directors from any and all claims, causes of action, or demands, if any, in connection with the same, based on damages or injuries which may be incurred or sustained by said child(ren) in any way connected with said child(ren)'s participation in activities or presence at Skyview Learning Academy or on school field trips, retreats, outreach events, or any other school-related activity or event on or off of school grounds. I give the Skyview Learning Academy staff authority to seek emergency dental/medical and/or surgical transport and treatment for said child(ren). I understand that I and the named minor(s) will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor(s) sustains while participating in education programs and that, by signing this agreement, I, on behalf of myself and the named minor(s), HEREBY RELEASE Skyview Learning Academy, its employees, officers, directors, administrators, volunteers, agents, other participants, and, if applicable, owners and lessors of premises on which the activity takes place of all liability for such loss, damage, or death. I further certify that I understand the named minor(s) is/are in good health and has/have no conditions or impairments which would preclude his/her safe participation in education programs. If the named minor(s) have conditions or impairments that I am aware of, I release, discharge, indemnify, covenant not to sue, and hold harmless Skyview Learning Academy, its employees, officers, directors, administrators, volunteers, agents, other participants, and, if applicable, owners and

Gymnastics/Sports/Shop Class/Activity/Animal Release of Liability, Assumption of Risk, and Indemnity Agreement (Page 2)

lessors of premises on which the activity takes place from any and all claims, causes of action, or demands, if any, in connection with the named minor(s) conditions or impairments. In consideration of participating in the activities that Skyview Learning Academy conducts within the building and beyond the grounds of the gym and school campus, I represent that I understand the nature of this activity and that my child(ren) is/are qualified, in good health, and in proper physical condition to participate in such activity. I fully understand that this activity involves risk of serious bodily injury, including permanent disability, paralysis, or death, which may be caused by my child(ren)'s own actions, or inactions, those of others participating in the event, or the conditions in which the event takes place; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages incurred by my child(ren) as a result of their participation in the activity. I consent to use of tweezers for removal of splinters or other small particles lodged in the skin.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK AGREEMENT, AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING, WITHOUT LIMITATION, THE RIGHT TO SUE SKYVIEW LEARNING ACADEMY, ITS EMPLOYEES, OFFICERS, DIRECTORS, ADMINISTRATORS, VOLUNTEERS, AGENTS, OTHER PARTICIPANTS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES ON WHICH THE ACTIVITY TAKES PLACE, ON BEHALF OF MYSELF, MY CHILD(REN), MY HEIRS, FAMILY MEMBERS, PERSONAL REPRESENTATIVES, AND EXECUTORS. I HAVE SIGNED THIS DOCUMENT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW, AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS SKYVIEW LEARNING ACADEMY, INCLUDING EMPLOYEES, OFFICERS, DIRECTORS, ADMINISTRATORS, VOLUNTEERS, AGENTS, OTHER PARTICIPANTS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES ON WHICH THE ACTIVITY TAKES PLACE, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS, OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING TO THE PARTICIPATION OR ATTENDANCE OF SKYVIEW LEARNING ACADEMY PROGRAMS, WHETHER SUCH RISKS ARE KNOWN OR UNKNOWN. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF SKYVIEW LEARNING ACADEMY, ITS EMPLOYEES, OFFICERS, DIRECTORS, ADMINISTRATORS, VOLUNTEERS,

AGENTS, OTHER PARTICIPANTS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES ON WHICH THE ACTIVITY TAKES PLACE. THIS SPECIFICALLY INCLUDES ANY DAMAGES OR INJURY CAUSED BY ANY OF THE ANIMALS OWNED OR MAINTAINED BY SKYVIEW LEARNING ACADEMY.

I acknowledge and accept the waiver of rights contained herein are in effect for the duration of my child's enrollment at Skyview Learning Academy. I hereby acknowledge and accept that the typical and accepted breaks in a school year including, but not limited to, Thanksgiving break, winter break, spring

break, and summer break, shall not constitute un-enrollment for the purposes of the waivers contained herein. I understand that I may revoke this permission at any time with written notice to the school.

**Gymnastics/Sports/Shop Class/Activity/Animal
Release of Liability, Assumption of Risk, and Indemnity Agreement (Page 3)**

Printed Name of Child #1:

Printed Name of Child #2 (If Applicable):

Printed Name of Child #3 (If Applicable):

Printed Name of Child #4 (If Applicable):

Printed Name of Child #5 (If Applicable):

Printed Name of Child #6 (If Applicable):

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date