



GRACE ACADEMY OF KERRVILLE

Dear Parents,

Thank you for selecting Grace Academy of Kerrville for your child. Grace Academy is founded on the belief that God is the source of all truth revealed in the person of Jesus Christ. All aspects of learning (spiritual, academic, physical, and social) are taught from a Biblically based belief that the Word of God reveals truth. Establishing such a foundation sets the stage for students to interact with their world through a Biblical world view.

Our mission: In an academic setting, we exist as parents united in God's love to actively participate in instructing our children in the knowledge of Jesus and the wisdom of God's Word that develop their character and prepares them to bring glory to God each day.

Attached are application forms. Please be sure that all forms asking for the signatures of either both parents or both legal guardians are ***signed by all persons required.*** *There are three (3) forms which require notarized signatures.*

The enclosed materials should provide a clear overview of Grace Academy of Kerrville. Return the completed application of admission along with the Registration fee. Admission is granted on a case-by-case basis after parent and student interviews are conducted, receipt of all necessary documentation and payment of application fee.

***PLEASE DROP OFF COMPLETED APPLICATION AND Registration FEE AT
228 Washington or 625 Washington, KERRVILLE
OR SEND TO
P.O. BOX 291757, KERRVILLE, TX 78029.***

Again, thank you for selecting Grace Academy of Kerrville. If you have any further questions please contact us at 830-792-0780.

In His Service,

Board of Directors

Grace Academy of Kerrville

GAK's Website: graceacademyofkerrville.com

PACE'S

Grace Academy of Kerrville uses the *Accelerated Christian education P.A. C. E.* 's as its curriculum. In addition to this, reading enhancement programs are used. Grace Academy is a contractual provider of the dual college credit program through the Alamo Colleges system.

PACE is an acronym for Packet of Accelerated Christian Education which is designed to master learning. A PACE provides individuality along with self instruction. The student-led PACE method is used for the 2nd - 12th grades. K4- 1st grade use the teacher-led PACE method.

Each academic subject at each learning level consists of 6 - 12 PACEs and each student should complete an average of 60 PACEs in a school year. Bible is a core subject and is taught at every grade level, pre-K-12th grade.

PACEs introduce one concept at a time along with examples. The student is able to review information for understanding. PACEs teach responsibility and encourage independence as the student sets personal goals, completes activities, checkups, and Self Tests. Biblical character patterns, Scripture, and wisdom principles are incorporated as guidance and encouragement in each PACE.

A completed packet/PACE is tangible evidence that the student has accomplished a piece of their educational goal for the year.

ACE's Website: aceministries.com

Checklist for New Student Enrollment

Student Name: _____

Entering Grade: _____ in School Year: _____

Please include the following items from the Application packet with Student Application:

- _____ Application Fee (\$250) and First month's tuition (\$295)
- _____ Statement of Faith
- _____ Parental Support Commitment Agreement
- _____ Student's Honor Code (7th - 12th grades)
- _____ Student Questionnaire (7th - 12th grades)
- _____ Consent for Emergency Medical Treatment Form *****Notarized*****
- _____ Hold Harmless Indemnity Agreement (GAK) *****Notarized*****
- _____ Blanket Permission Form *****Notarized*****
- _____ Emergency Information Form
- _____ Release Form for Student Information* **(Turn into previous school)**
- _____ Tuition Fee and Schedule
- _____ Student Pickup Release Form
- _____ Student Ride Release Form
- _____ Liability Release Form First Baptist Church
- _____ School Supply list available online or in office
- _____ Dress Code and Uniform information given

PLEASE ALSO INCLUDE THE FOLLOWING:

- _____ Photo attached
- _____ Copy of Birth Certificate
- _____ Copy of Social Security Card
- _____ Immunization Records, vision and hearing (required for acceptance)
- _____ *Release of Student Records (for you to submit to the current school)

- _____ Diagnostic Testing done on _____ Paid fee \$25 during summer _____
- _____ Family/Student Interview scheduled on _____
- _____ Letter of Recommendation from Pastor or teacher

How did you hear about Grace Academy? _____

Please state your reasons for selecting Grace Academy.

Has the student applicant ever been retained? ___yes___no If yes, please state what grade(s) and furnish any explanation that would be helpful.

Has the applicant ever been tested or received special help for a reading or learning difficulty? ___yes___no If yes, please discuss and include a copy of any available report.

Has the student ever been diagnosed for or enrolled in any special education program or special school (e.g. resource room, L.D. placement, attention deficit, etc.)? ___yes___no If so please explain: _____

Does the applicant regularly require any medication? ___yes___no If yes, please explain. _____

Please furnish any additional information that would assist us in understanding the student applicant.

With this form, I am submitting my Registration Fee of \$_250_ which holds my student's place in the grade applied while their application is being processed. I understand that this fee is refunded if my application is not accepted.

I acknowledge that all information furnished is complete and accurate.

Father's (Guardian) Signature

Date

Mother's (Guardian) Signature

Date

NOTICE OF NON-DISCRIMINATORY POLICY

Grace Academy admits students of any race, color, national and ethnic origin to all 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, athletic and other school-administered programs.

PRINCIPAL'S COMMENTS AND STAFF
NOTES

Statement of Faith

We Believe the Bible to be the inspired, infallible, Immutable Work of God (II Timothy 3:16. II Peter 1:21).

We Believe there is one God Eternally existent in three person-Father, Son, and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30).

We Believe in the deity of Christ (John 10:33); His virgin birth (Isaiah 7:14; Matthew 1:23; Luke 1:35), His sinless life (Hebrews 4:15; Hebrews 7:26); His miracles (John 2:11); His substitutionary atoning death (1 Corinthians 15:3; Ephesians 1:7; Hebrews 2:9) His resurrection (John 11:25; 1 Corinthians 15:4)' His ascension to the right hand of the Father (Mark 16:19) and His personal return in power and glory (Acts 1:1; Revelation 19:11)

We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of the human nature; and that people are justified on the single ground of faith and the shed blood of Christ and that only by God's grace and through faith alone we are saved. Believing in and accepting Christ brings about a vital living personal relationship to every believer (Romans 10-9-13, John 3:16-19, John 5:24; Romans 5:8, 9; Ephesians 2:8-10, Titus 3:5)

We Believe in the resurrection of both the saved and the lost; they are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation (John 5:28, 29).

We Believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9; 1 Corinthians 12:12, 13 Galatians 3:26-28)

We believe in the present ministry of the Holy Spirit by whose indwelling the Christians is enabled to live a godly life (Romans 8:13,14; 1 Corinthians 3:16; 1 Corinthians 6:19,20 Ephesians 4:30, Ephesians 5:18).

Student Signature

Date

Fathers Signature

Mothers Signature

PARENTAL SUPPORT COMMITMENT AGREEMENT

Christian Education involves the whole person; therefore, it is desirable that all elements which bear on the education of a child be consistent and properly reinforce one another. Grace Academy of Kerrville was founded to educate the children of Christian parents. The school seeks to foster an environment that will challenge every student to consider their personal response to the claims of Jesus Christ. However, the school replaces the training of neither the home nor the church. All three should be in biblical agreement for a truly well-rounded Christian Education for the child.

We _____, The parents of

_____ do hereby pledge our support of the following:

1. We invest authority in the school to discipline our child as outlined in the Student Handbook as it now exists and as it may be amended from time to time. "Train a child in the way he should go and when he is old, he will not depart from it." (Proverbs 13:24; 19:18; 23:13; 29:15-17; Ephesians 6:12; Colossians 3:20; Hebrews 12:6)
2. We pledge our fullest cooperation to keep controversy out of the school at all times. "Make every effort to keep unity of the spirit through the bond of peace." (Ephesians 4:3; Romans 12:8-10; 1 Corinthians 12:12-14; 13:1-3; Galatians 5:13, 25, 26)
3. We agree that the school has full discretion for the grade placement of our child, and we will not pressure the Administration or faculty for specific teacher assignment.
4. We understand that, when warranted, financial assessments will be made to cover damage to school property *including breakage of windows, abuse of books etc.), whether intentional or accidental.
5. We commit to pray for Grace Academy of Kerrville and to be supportive of the school board, administration, faculty, and staff.
6. We recognize that private education is in need of strong parental support, including events, activities throughout the school year. Therefore, we accept the challenge of volunteering our support during the year for 10 hours a month (a list of specific needs will be provided)
7. We understand the need to be aware of the philosophy of Grace Academy of Kerrville and how the school wishes to form a partnership with the family. Therefore, we agree to consider attendance at each scheduled parent workshop.
8. Should the time ever come that we can no longer support the statement of Philosophy, we will discretely and politely withdraw our children from Grace Academy of Kerrville.
9. Any and all claims or disputes arising from or related to this agreement that are valued by the claimant at \$10,000 or less are to be resolved through the Alternative Dispute Resolution Center of Kerrville, Texas. Any and all claims more than \$10,000, other than a claim for injunctive relief, shall first be submitted to mediation in the appropriate Court of Law of Kerr County, Texas. If the parties cannot resolve their dispute through mediation, they shall have the issue resolved through arbitration with the appropriate Court of Law of Kerr County, Texas. Judgment upon and arbitration award may be entered in the District Court for the County of Kerr. The parties shall bear their own cost related to any mediation or arbitration proceeding.

As a Parent:

We agree to support the school with our prayers and with a positive attitude. **Complaints or negative comments will be shared only with the teacher, administrator, or person involved and not with our child or other people, following the Matthew 18 principle.**

We understand that our support as set forth in parental Support Commitment Agreement is an absolute condition for the enrolment of our child at Grace Academy of Kerrville and is binding upon us. We understand that if at any time the school determines, in its sole and absolute discretion, that our actions or conduct do not support the school or they reflect a lack of cooperation and commitment to the home and school working together, the school has the right to require the withdrawal of or to remove our child/children from enrollment.

We give permission to Grace Academy of Kerrville and/or parties designated by same, to photograph and or video our child/children and use such photographs in all forms of media, for any and all promotional purposes including advertising, publicity, display, audiovisual, exhibition, commercial or editorial use.

We understand that the term "Photograph" as used herein encompasses still photographs, audio recording and motion picture footage.

We further consent to the reproduction and/or authorization by Grace Academy of Kerrville to reproduce and use such photographs for use in all domestic and foreign markets.

We hereby release Grace Academy of Kerrville and any of its associates, affiliates, appointed advertising agencies, and designated directors, officers, agents, employees and customers from any claims.

Date

_____/_____
School Year

Student Name

Father's Signature

Mother's Signature

STUDENT'S HONOR CODE

In signing the Code of Honor, I fully recognize that Grace Academy of Kerrville was founded to be, and is committed to being, a Christian ministry offering a lifestyle of commitment to Jesus Christ as personal Savior and Lord. It is therefore my personal commitment to be a person of integrity in my attitude and respect for what Grace Academy of Kerrville is in its calling to be a Christian School.

1. I WILL do my best to apply myself wholeheartedly to my academic pursuits and to use my mind for the glory of God.
2. I WILL grow spiritually developing my own relationship with God. I do have a personal relationship with Christ and have accepted Him as my Lord and Savior.
3. I WILL develop my body with sound health habits through the required physical education program and by participating in wholesome physical activities.
4. I WILL cultivate good relationships socially with others and to seek to love others as I love myself. I will not lie, I will not steal, I will not cheat, I will not curse, and I will not be a talebearer.
5. I WILL keep my total being under subjection from all immoral and illegal acts and habits, whether on or off campus. To this end, I will not take any illegal drug, I will not commit illicit sexual acts, I will not drink alcoholic beverages of any kind, I will not use tobacco. I will not pollute my mind with unwholesome music, literature, programming, movies or other forms of questionable activity. I will glorify God in my cell phone usage, texting, and social media. (Facebook, Snapchat, Twitter, Instagram, etc.) I will not engage in other behavior that is contrary to the rules and regulations listed in the handbook.
6. I WILL attend class punctually, chapel services reverently, and attend regularly the church of my choice where God is honored and lifted up.
7. I WILL abide by the rules and regulations which may from time to time be adopted by the school administration. I understand Grace Academy of Kerrville is a private school and I therefore, have no vested rights in the governing of the school. I accept my attendance at

Grace Academy of Kerrville as a privilege and not a right. I understand that the school reserves the right to require the withdrawal of a student at any time, if in the judgment of the administration such action is deemed necessary to safeguard ideals of scholarship or the spiritual and moral atmosphere of Grace Academy of Kerrville as a Christian school. I will keep the HONOR CODE carefully and prayerfully. I understand that my signature below is my acceptance of the entire Code of Honor and completes a contract between myself and Grace Academy of Kerrville, which is a prerequisite for enrollment, as well as my continued attendance. I understand the Honor Code becomes part of my personal file.

Student Signature

Date

I, the parent, have read the Student Honor Code. Realizing the parent's influence on their children, I agree with the school in its endeavor to maintain the above-named standards.

Signature of parents/guardians

Date

Signature of parents/guardians

Date

Student Questionnaire (For students 7-12 grade)
TO BE COMPLETED BY THE STUDENT

Student Name: _____

Please answer the below questions thoughtfully and honestly:

Why do you desire to attend Grace Academy?

Please discuss the things you like most about the school?

Please describe your relationship with your parents (both).

Please discuss your relationship with Jesus Christ.

Please discuss your relationship with your church.

How frequently do you attend church?

If less than once a week, please explain.

What are your favorite television shows?

List the last three movies you have seen at the theater or in your home.

Please list your favorite music groups.

Please list the magazines and/or social media (Facebook, twitter, texting etc) you most frequently read or use.

Have you ever experimented with or used illegal drugs, alcohol, or tobacco? _____
If yes, please explain

Do you currently date without adult supervision? ____ If not, at what age do you expect to start dating? _____

How do you believe your attendance at Grace Academy will be an asset to the school?

My Letter of Recommendation will be from my Pastor ____, teacher ____ or non-relative ____.

Thank you for your thoughtful and honest responses.

Student Signature

Date

Parent Signature

Date

Parent Signature

Date

CONSENT FOR EMERGENCY MEDICAL TREATMENT(notarized)

I/we, the undersigned, _____ state that I/we am/are the (parent/s, guardian/s, conservator/s) of _____ a minor.

In the event of an emergency, I/we hereby authorize the administration and staff of Grace Academy of Kerrville to take whatever steps deemed necessary to obtain emergency medical care for my/our child.

This includes:

1. Consent to transport by emergency medical vehicle to the nearest Emergency Medical Facility.
2. Consent to any emergency medical treatment deemed necessary by Grace Academy of Kerrville in the event of emergency situations.
3. Consent for surgery and anesthesia in the event of life threatening situations as the attending physician may deem necessary and as related to Grace Academy of Kerrville.
4. Consent for physicians, nurses, technicians, and other qualified medical or hospital personnel to administer medical and surgical treatment in emergency situations.
5. Release of Grace Academy of Kerrville, its successors, assigns, representatives, employees, agents, council members, Board members, and Trustees from any financial liability incurred during emergency treatment.

AUTHORIZATION AND CONSENT FOR PARTICIPATION IN SCHOOL ACTIVITIES

I/We authorize and give my/our consent for my/our child to participate in all school sponsored activities, including sports, field trips and any other trips on and off school premises.

I/We hereby give my/our consent for my/our child to be transported on and off campus in vehicles coordinated by Grace Academy of Kerrville.

LIABILITY WAIVER

I/We hereby release Grace Academy of Kerrville, its successors, assigns, representatives, employees, agents, council members, Board members, and Trustees from any liability to me/us, my/our family, or child/ren due to accident, negligent omission and/or commission, injury or liability of whatsoever nature, character or origin resulting from participation in Grace Academy of Kerrville activities on or off campus, including extracurricular activities, practices or transportation in school vehicles or vehicles owned by private individuals. I/We hereby release Grace Academy of Kerrville and its successors, assigns, representatives, employees, agents, council members, Board members, and Trustees from insurance protection from any injury incurred.

My/Our insurance carriers are as follows:

_____	_____	_____	_____
Health/Accident/Hospitalization Ins. Co.	Policy No.	Group No.	Exp. Date

_____	_____	_____	_____
Health/Accident/Hospitalization Ins. Co.	Policy No.	Group No.	Exp. Date

WITNESS, my/our hand(s) at _____

_____ County, Texas, this _____ day of _____, 20__.

Signature of Father/guardian/conservator

Signature of Mother/guardian/conservator

State of Texas

County of _____

Before me, a notary public, on this day personally appeared _____
and/or _____ known to me to be the person(s) whose
name(s) is/are subscribed to the foregoing document and, being by me first duly sworn, declared
that the statements therein contained are true and correct.

Given under my hand and seal of office this _____ day of _____, 20__.

Signature / Seal of Notary

HOLD HARMLESS INDEMNITY AGREEMENT (notarized)

I/We, the undersigned, in consideration for Grace Academy of Kerrville permit my/our child/ren to attend Grace Academy of Kerrville and to participate in on and off premises and on and off campus field trips, sports, recreational and all other activities of any and every kind and nature whatsoever.

I/We, the undersigned, do hereby agree to hold and do hold Grace Academy of Kerrville harmless and agree to indemnify fully Grace Academy of Kerrville for any and all judgments and damages rendered against them and/or that are incurred including costs, attorney's fees, regardless of whether or not there is litigation and including mediation and arbitration proceedings which result from or that are in any way connected with any physical, mental emotional or other type claim of injury or damage to my/our child/ren that is claimed or asserted.

I/We further agree that I/we will report any such claim, injury, or damage of any and every kind and type whatsoever, including but not limited to the type hereinabove enumerated and referred to that is sustained by my/our child/ren to my/our Health and Accident Insurance carrier in the event of any such claim or injury as hereinabove described. Further, I/we will provide Grace Academy of Kerrville a copy of all claims that I/we file in connection with any such event; further, I/we do hereby hold harmless not only Grace Academy of Kerrville but all of the agents, employed, representatives, council members, Board members and Trustees and agree to reimburse them for any costs, expenses, injuries, or damages sustained by my/our child. Nothing in the release shall in any way interfere with the rights of any child or their parents or guardian to recover under an insurance policy carried by Grace Academy of Kerrville.

WITNESS, my/our hand(s) at _____
_____ County, Texas, this _____ day of _____, 20__.

Signature of Father/guardian/conservator

Signature of Mother/guardian/conservator

State of Texas

County of _____

Before me, a notary public, on this day personally appeared _____

and/or _____ known to me to be the person(s) whose name(s) is/are subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this _____ day of _____, 20__.

Signature of Notary
(seal)

BLANKET PERMISSION FORM (notarized)

CHILD'S
NAME _____ BIRTHDATE _____

I/We _____ (parents' or guardian)
give permission for my child to participate in functions sponsored by GRACE
ACADEMY OF KERRVILLE. By giving my/our permission, I/we do not hold GRACE
ACADEMY OF KERRVILLE or any representative of GRACE ACADEMY OF
KERRVILLE responsible for any accident or injury to my/our child while on a school
sponsored trip. This permission form includes transportation in school owned vehicles or
other means of transportation provided for a school sponsored activity.

MEDICAL AUTHORIZATION

I/we hereby give permission for my/our child to receive emergency medical care in the
event of sickness or injury.

FAMILY DOCTOR _____
DOCTOR'S ADDRESS _____
TELEPHONE _____ MEDICINE ALLERGIES _____
MEDICINE BEING TAKEN AT THIS TIME _____
CHRONIC ILLNESS _____

INSURANCE INFORMATION: COMPANY _____
IDENTIFICATION NO. _____ GROUP NO. _____
NAME OF POLICY HOLDER _____

I/we have read and completed the above information IN FULL. I/we understand that this
is a BLANKET FORM TO BE USED FOR ANY/ALL EVENTS THAT ARE
SPONSORED BY GRACE ACADEMY OF KERRVILLE and that I/we will not fill out
a form each time my/our child attends a function. I/we also understand that GRACE
ACADEMY OF KERRVILLE, and/or its designated sponsors are not responsible for any
accident or injury to my/our child.

Signature of Father or legal guardian

Daytime phone.

Daytime address (employer)

Evening address

Evening phone

Signature of Mother or legal guardian

Daytime phone.

Daytime address (employer)

Evening address

Evening phone

Today's Date: _____

State of Texas

County of _____

Before me, a notary public, on this day personally appeared _____
and/or _____ known to me to be the person(s) whose
name(s) is/are subscribed to the foregoing document and, being by me first duly sworn,
declared that the statements therein contained are true and correct.

Given under my hand and seal of office this _____ day of _____, 20__.

SIGNATURE OF NOTARY

EMERGENCY INFORMATION

20____-20____ School Year

Student Name_____ Grade_____ Age_____ Date of Birth_____

Address_____ City_____ Zip_____

Home Phone: #_____ Social Security _____

Father_____ Occupation_____ Wk/Cell#_____

Mother_____ Occupation_____ Wk/Cell#_____

EMERGENCY CONTACTS: (TWO NAMES AND PHONE NUMBERS REQUIRED)

Name_____ Relationship_____ Phone#_____

Name_____ Relationship_____ Phone#_____

Physician_____ Phone#_____

Allergies_____

Chronic Disorders_____

Medications Currently Taking_____

I HEREBY GIVE MY PERMISSION for school staff to administer Tylenol, Ibuprofen, antacids, antibiotic creams, cough drops, or other types of over-the-counter medications to my student.

Student's name printed

Father's Signature date Mother's signature date

RELEASE FORM FOR STUDENT INFORMATION

In compliance with Federal General Education Provision Act, Part C, The Protection of the Rights and Privacy of Parents and Students, Public Law 93-380

RELEASING SCHOOL

Name of previous school(s) _____

Address with city, state, and zip code:

We are in need of all academic and health records, as well as disciplinary records for the following student who is being enrolled in Grace Academy of Kerrville. We have received the parent's signature, as indicated below, for you to release these records to us. All records will be treated as confidential.

STUDENT'S NAME

First	Last	Middle	Birthdate
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Please mail information to :

Grace Academy of Kerrville, P.O. Box 291757, Kerrville, Texas 78029

OR

Scan/Email to graceacademyofkerrville@gmail.com

Thank you for your attention to this request.

Administrator's name _____ phone number 830-792-0780

PARENT SECTION/SIGNATURE

I understand the need for these records being transferred and hereby grant my permission for you to release any and all records you may have concerning the above named student to the person or organization requesting as above.

Parent signature

Date

Tuition and Fee Schedule

Tuition:

10 monthly installments **Aug. 1st- May 1st:**

K4 - \$450 (\$4500 annually)

K-12th grade

\$325.00 (\$3250 annually) *1st Student

\$295.00 (\$2950 annually) * 2nd Student

\$750 family cap with 3 Students

***Tuition cost is subject to change and increases are board-approved during summer break.**

**TUITION IS NON-REFUNDABLE AND NON-TRANSFERABLE
WHETHER WITHDRAWAL IS VOLUNTARY OR INVOLUNTARY.**

Registration Fee- due at registration \$250
(Non-Refundable after acceptance)

Testing Fee (only if applicable for diagnostic testing in the summer) \$25.00

1. A monthly late fee of \$15.00 for all accounts past due after the 10th of each month
2. All returned checks- \$25.00 fee
3. The cost of tutoring for students is the responsibility of the parent.
4. Tuition does NOT include additional fees for uniforms, field trips, school supplies, athletics, art, end-of-year banquet, and convention or other activities.
5. There is a Failed/Repeat PACE fee of \$3.00 per PACE.
6. Excessive Tardy fees apply as follows: Tardies in excess of 10 will be assessed a \$5 per tardy fee, and tardies after 15 will be assessed a \$10 per tardy fee.

Date

Student Name(s)

20__/20__
School Year

Father's /guardian signature_____

Mother's/ guardian signature_____

STUDENT PICKUP RELEASE

On this day of _____, 20 ____, intending to be legally bound hereby,
the undersigned does hereby give permission for my child

_____ picked up from school or related activities by the following persons:

1. _____

2. _____

3. _____

4. _____

5. _____

Signature of mother/guardian Date signed

Signature of Father/guardian Date Signed

STUDENT RIDE RELEASE

On this ____ day of _____, 20__, intending to be legally bound hereby, the undersigned does hereby give permission for my child _____, to ride from school or related activities with:

1. _____

2. _____

3. _____

4. _____

Also, this same child may provide rides to:

1. _____

2. _____

3. _____

4. _____

provided that the parents of the above child(ren) have included my child's name on the Student Ride Release form of the child(ren) listed above.

Signature of mother/guardian

Date signed

Signature of father/guardian

Date signed

LIABILITY RELEASE FORM

On this _____ day of _____, _____(year) intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless **First Baptist Church, Kerrville, Texas**, related to use of facilities and premises located at 625 Washington St. for Grace Academy of Kerrville.

This release is for any and all liability for personal injuries (including death) and property losses or damages occasioned by, or in connection with any activity or accommodations for this event.

The undersigned further agrees to abide by all the rules and regulations promulgated by First Baptist Church.

Student name (please print)

Signature of student

Date signed

Signature of mother/guardian (if under 18)

Date signed

Signature of father/guardian (if under 18)

Date signed