PERMISSION FOR PARTICIPATION IN VIRTUAL STUDENT CONVENTION AND RELEASE AND INDEMNITY AGREEMENT

Student	Date of Birth
School Name	Customer No
child to participate in the events of the Student Convention (hereinafter, "SC" or " not a right and may be revoked for cause at a permission to Accelerated Christian Educati Tennessee, to use without compensation my	we named individual, I give my consent and grant permission for my (school year) Accelerated Christian Education's virtual International 'Convention"). I understand that such participation is a privilege and any time at the discretion of SC officials. I give my consent and grant ion, Inc., incorporated in Texas, currently located in Hendersonville, child's submitted portrait, still photography and/or motion picture for nline streaming, and/or promotional purposes.
WITH MY CHILD'S PARTICIPATION IN TO PRELIMINARY AND SUBSEQUENT THE participate in SC, I do hereby agree to hold Accelerated Christian Education Ministries, and all present and future liability, actions, coincluding death, to my child/myself or proper	D ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED THE ABOVE NAMED CONVENTION, INCLUDING ACTIVITIES IERETO. In consideration of my child/myself being permitted to ld Accelerated Christian Education, Inc., dba School of Tomorrow, the Host Campus, and their agents and employees, harmless from any auses of actions, claims, expenses, and damages on account of injury, erty which is not the result of gross negligence, intentional neglect, or its agents, representatives, or employees, in connection with SC.
permitted by the laws of the State of Texas an	and indemnity agreement is intended to be as broad and inclusive as d that if any portion thereof is held invalid, it is agreed that the balance force and effect. This release contains the entire agreement between the e contractual and not a mere recital.
	EAD THE FOREGOING RELEASE, WAIVER, AND INDEMNITY THEREOF, AND I SIGN THIS DOCUMENT AS MY OWN FREE It I have read and understand.
Parent/Guardian Signature	Parent/Guardian Signature (Dual Custody)
Parent/Guardian Printed Name	Parent/Guardian Printed Name
Address	Address
City, State, ZIP	City, State, ZIP
Telephone	Telephone
Date	Date

4-10-23 CF6B