

Next Generation Leaders

Medical & Liability Waiver

Please complete the form below so that in the event of accident, illness, injury or a medical emergency, we may arrange appropriate care. We will make every effort to keep this information confidential, for use only by Next Generation Leaders Inc employees and medical professionals attending to the student.

This form must be completed and signed by a **parent or legal guardian**.

Our COVID-19/Respiratory Illness Prevention Protocols

- Masks are optional. We have high-quality K-N95s available if a student needs one for mild symptoms or preventive exposure.
- If a student prefers a social distancing protocol, we have some flexibility in our seating and we can make reasonable accommodations.
- If a student is experiencing symptoms of contagious illness, please contact the office to reschedule the session.
- If a student is recovering from a positive diagnosis, we appreciate the courtesy of a negative antigen (rapid/home) test on the same day that the student will attend a session at our facility. The student is welcome to return to our office 5 days after onset if symptoms are reduced.
- We recognize that each student or family has a different risk tolerance, and we will make an effort to be sensitive and discreet in handling a student's concerns about safety in this context. We kindly request that staff, students and parents refrain from public sharing of information about the vaccination or COVID diagnosis status of others.

Student name _____

Physician Name _____

Physician Telephone: (_____) _____

Emergency contact other than a parent: _____
(_____) _____

In the event that your child needs emergency medical care, please list any **medical conditions or medications** of which an attending physician should be aware before providing emergency treatment:

Please list any known **allergies or other restrictions** that would be relevant in our office or field trip environments, especially insects or foods and level of severity (e.g. can the student be in the same room when someone else is consuming the food):

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Media/Publication Policy

Any photos or recordings (audio or video) or written materials created for an/or during class are property of Next Generation Leaders Inc and may be used for promotional and educational purposes at the discretion of Next Generation Leaders. It is our policy to ask permission of the student whenever possible, and not to use students' names if we post their image on our website, YouTube Channel or other social or print media, but their image or likeness may appear incidentally from time to time. There may also be occasions where students record each other with or without consent. Next Generation Leaders Inc employees will make every effort to monitor and guide students in using devices and social media in an appropriate, healthy manner but may not be able to supervise every interaction between students and assume no liability for the effects of publication of a student's image, name or likeness by another student while at our facility.

If you wish to **opt out of any publication online or in print of your child's likeness**, please initial here: _____

General Liability Release

My signature below indicates my understanding that as parent/guardian I shall be liable for any damages and injuries caused by my child to another person or another person's property, and the parent agrees to hold harmless, defend, and indemnify Next Generation Leaders Inc and its employees in the event of an accident at the facility. Next Generation Leaders Inc is not liable for any enrolled student outside the tutoring facility before the student enters or after the student exits the facility.

In the event of an emergency and if I or my emergency contacts cannot be reached, **I give Next Generation Leaders Inc. permission to authorize any medical treatment deemed necessary by the attending physician** and if necessary provide transportation to a medical facility. It is understood that the parent will assume financial responsibility for costs incurred for treatment, ambulance and/or hospital care.

Parent/guardian name (please print) _____

Signature _____ Date _____