



## Participation Waiver

In consideration of the opportunity for my child to be a student at German Language School Cleveland, I, on behalf of my child, hereby agree to release, drop, and hold harmless German Language School Cleveland from any responsibility or liability for personal injury, including death, and damage to or loss of property that my child may incur while participating in the German Language School program.

In addition, I understand that German Language School Cleveland does not provide medical insurance coverage and that I must provide personal medical insurance. In the case of injury or medical emergency and in the event the participant, or their parent or guardian, cannot respond at the time of the emergency, representatives from the German Language School Cleveland have permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for the student's welfare as specified in the medical release above.

It is understood that I, and not German Language School Cleveland, shall be responsible for any and all charges for such health care services regardless of whether my medical insurance would cover such charges. I will not hold German Language School Cleveland liable if an injury is the result of a pre-existing, un-diagnosed medical condition. By acknowledging the box below, I certify that I have read and agree to the participation waiver.