

## Registration and Release Waivers Form 2025-2026

PHOTOGRAPHY RELEASE WAIVER  I,, the parent of, give or do not give my permission for my student to be photographed during Raising Arrows Academy academics and events. These photographs may be used in print or electronically for our yearbook or promoting the Academy. I understand it is my responsibility to update this form if I wish to rescind permission for my student to be photographed.	Student Name:		DOB:
Student Email:			
Address:    Is this your first year in homeschool? How many years homeschooling? Previous School/s:   Other co-ops or programs you attend: Parent Information   Parent 1:			
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Parent 1:			
Email: Parent 2:			Cell·
Parent 2:			
Emergency Contact  In the event we can not reach a parent, please list 2 emergency contacts.  Name:	Parent 2:		Cell:
Emergency Contact  In the event we can not reach a parent, please list 2 emergency contacts.  Name:			
In the event we can not reach a parent, please list 2 emergency contacts.  Name:			
Name:	•		st 2 emergency contacts.
Phone #:		•	
Name:			
RISK RELEASE WAIVER  I,	Name:		Relation:
RISK RELEASE WAIVER  I,, the parent of, will assume full responsibility for any Accidental/Medical Insurance needed to cover my child in the case of accidental injury, or the like, while my child is attending Raising Arrows Academy. I will not hold Raising Arrows Co-Op, Academy or Ashland Church responsible in any manner for injury.  Parent Signature Date  PHOTOGRAPHY RELEASE WAIVER  I,, the parent of, give or do not give my permission for my student to be photographed during Raising Arrows Academy academics and events. These photographs may be used in print or electronically for our yearbook or promoting the Academy. I understand it is my responsibility to update this form if I wish to rescind permission for my student to be photographed.			
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