

RIVENDELL STUDY CENTER, INC.
Returning Family Signature Page

Academic Year _____

Please sign this document and mail or deliver it to **Rivendell Study Center, 2368 Eggert Rd., Tonawanda, NY 14150** registration check (\$75 before March 15, \$125 after March 15) made payable to Rivendell Study Center, Inc.

Our signatures below apply to the application certification, returning family carryforward of previous agreements, and the medical waiver.

Application Certification

We/I hereby certify that all the information submitted as part of our application to Rivendell Study Center, Inc., is accurate and true as of the date below. We/I have previously signed the Statement of Faith representing that we/I believe in and agree to the applicant(s) being educated based on the Statement of Faith. We/I have carefully considered participation of our child(ren) in the Rivendell Study Center, Inc. As parents, we/I certify that we/I support the philosophy of Rivendell Study Center, Inc., and we/I agree to require the applicant as well as ourselves to abide by all programs, and academic/disciplinary rules and regulations outlined by Rivendell Study Center, Inc. in the Family Handbook and other written materials. We understand that admission to Rivendell Study Center, Inc. is solely at the discretion of the board members who operate the Study Center and that such admission may be terminated at any time.

Carry Forward of Agreements

We/I agree that the forms we originally filed with Rivendell Study Center, Inc. regarding the financial agreement, waiver from homeschooling requirements, statement of faith, student rules of conduct, and photo use agreement are still in effect for the 24/25 year.

Medical Waiver

We/I understand the nature of these classes and their activities and with such knowledge I/we voluntarily release the host church and the Board members of Rivendell Study Center, Inc. and their representatives, agents, employees, including Parents of the Day and tutors, from any and all liability related to the activities of this program. We/I understand that, in the event that medical attention is required, Rivendell Study Center, Inc. will make all reasonable efforts to contact us/me. However, if we/I cannot be contacted, we/I give our/my permission to Rivendell Study Center, Inc. to secure the services of a licensed physician to provide the necessary treatment including anesthesia, surgery, medication, and intravenous (IV) for my child(ren).

Mother _____ Date _____

Father _____ Date _____