

Enrollment Contract

Please initial each paragraph

_____ We are enrolling our child(ren) in Albemarle Christian Teaching Support, Inc. (“ACTS”) for the 2020-2021 co-op year. We understand our commitment is for the co-op year (Sept.-May). We have not registered any of our children for classes for which they do not meet age requirements without prior Officer and Teacher approval.

_____ We have read and understand the **ACTS Statement of Faith** and agree to respect these as the doctrinal beliefs upheld by the ACTS leadership and the teachers who hold classes at ACTS.

_____ We understand that class offerings through ACTS are a supplement to our children. As home-schooling parents we understand that it is our responsibility to issue credits and grades. Parents are responsible for maintaining all educational responsibility. Parents may ask for grades from their child’s teachers, but the parents are ultimately responsible. ACTS and teachers who hold classes at ACTS assume no educational responsibility.

_____ We have read and understand the **ACTS Registration Policies and completed the Background Check Information Form.**

_____ We have read and understand the **ACTS Tuition Policies.** We agree to pay tuition in accordance with these policies. We understand that if we withdraw our children or they are dismissed from co-op, that we will be held responsible to pay the entire amount of tuition owed to our child(ren)’s teachers for the remainder of the year. We understand that while we are offered the opportunity to pay monthly, that tuition is a yearly obligation. Attached is a copy of each child’s schedule in our family. We have circled and initialed the yearly tuition amount that we owe the teachers.

_____ We understand that **ACTS dues and background check fees are non-refundable.**

_____ We have read and understand the **ACTS Service Requirement Policies. ACTS operates as a cooperation of families** endeavoring to supplement the education of their children. ACTS is only as strong as its weakest link. ACTS is not a school, with tuition to cover facility management, administrative oversight, and safety. The hours of service performed by us (as members) are **absolutely necessary** to ACTS’ existence and maintenance. We understand there will be a \$50 fee for any scheduled service shift for which we don’t show. We understand that failure to fulfill our family’s service hour obligation may result in loss of priority scheduling over newer families as well as termination of our ACTS membership.

_____ We have read, understand, and **agree to abide by the ACTS Supervision, Discipline, Conduct, and Dress Code Policies.**

_____ We understand that **ACTS policies** may be subject to changes throughout the year and that it is our responsibility to be aware of the posted policy revisions supplied through the **Weekly Update.** We understand that the **Weekly Update** is the primary means of communication from ACTS and agree that we are responsible for the information relayed.

_____ We understand that field trips or activities outside of class are NOT sponsored by ACTS. Any activities outside of the ACTS Calendar year are voluntary arrangements between each family with the teacher.

_____ We understand that we are responsible for our children at all times. We understand that we’re fully responsible for informing the ACTS officers and teachers of any significant allergy **in writing.**

_____ We have read, understand, and have signed the **ACTS Release of Liability Form.**

_____ ACTS reserves the right to terminate our participation.

Enrollment Contract continued...

Father's Signature

Date

Mother's Signature

Date

We have read, understand, and **agree to abide by the ACTS Supervision, Discipline, Conduct, and Dress Code Guidelines and Policies.** *(Signature required for children age eight and older.)*

Student's Signature

Date

Student's Signature

Date

Student's Signature

Date

Student's Signature

Date

Student's Signature

Date

Student's Signature

Date

Student's Signature

Date

Release of Liability Agreement

In consideration of being permitted to participate in Albemarle Christian Teaching Support, Inc. activities, *(please list all family members on these lines)* _____

(hereinafter referred to as "Family") agree to the following:

1. Release, covenant not to sue, waive, and discharge, Albemarle Christian Teaching Support, Inc. ("ACTS") or First Baptist Church, their respective officers, directors, employees, board members, and volunteers, or other families participating in ACTS activities (hereinafter referred to as "Releasees") from all liability for any loss or damage and any claim or damage on account of any property damage or personal injury, illness, infection, or death of a Family member occurring during, caused by, arising out of, or relating to attendance or participation in any ACTS activities or any other activities in, on, or about the premises of First Baptist Church or otherwise affiliated with ACTS or First Baptist Church.
2. Family agrees to indemnify Releasees from any loss, liability, damage or cost Releasees may incur due to the presence of Family in, on, or about the premises of First Baptist Church. Family realizes transportation to and from ACTS or any time off campus is the Family responsibility.
3. Family assumes full responsibility for risk of bodily injury, illness, infection, death, or property damage while in, on, or about the premises of First Baptist Church and/or while working for any purpose, attending, or participating in the co-op activities or any other activities affiliated with ACTS.
4. Family acknowledges that attending or participating in ACTS activities or any other activities on the premises of First Baptist Church may result in Family being exposed to infectious diseases (including without limitation influenza and SARS-CoV-2), and Family voluntarily assumes the risks that Family may be exposed to or infected by infectious diseases while attending or participating in such activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death, and Family has read and agrees to the Assumption of the Risk and Waiver of Liability Relating to COVID-19 (SARS-CoV-2 / Coronavirus), which is incorporated herein by this reference.
5. Family expressly agrees that this release waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia and that, if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
6. Family, in consideration of being permitted to participate in ACTS activities, for Family, and Family's heirs, executors, administrators, and assigns, releases and forever discharges all Releasees, and their heirs, administrators, and executors of and from any and every claim, demand, action, of whatsoever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage during participation in ACTS activities or any activities in connection with ACTS.
7. Family states that both Mother and Father of Family have carefully read the above release and know the contents of the release and sign this release as Family's own free act.
8. Family releases all officials and professional personnel from any claim whatsoever on account of first aid, treatment or service rendered Family during participation in ACTS activities.
9. ACTS operates under Biblical guidelines and believes that the Bible commands them to make every effort to live in peace and to resolve disputes with each other in private or within the Christian church (Matthew 18:15-20; I Corinthians 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to this agreement shall be settled by biblically-based mediation according to Biblical conduct. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement or any dispute arising out of any activities or events associated with ACTS, Inc. and expressly waive their right to file a lawsuit in any civil court against one another or against another ACTS family for such disputes, except to enforce an arbitration decision.
10. This agreement shall be binding on each member of the Family, their personal representatives, assigns, heirs, and next of kin.
11. This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

Date _____

Father's Signature _____

Mother's signature _____

Print Name _____

Print Name _____

Print two copies of this document. Sign and date both copies. Keep one for your records and submit one with registration.

Assumption of the Risk and Waiver of Liability Relating to COVID-19 (SARS-CoV-2 / Coronavirus)

In consideration of being permitted to participate in Albemarle Christian Teaching Support, Inc. (“ACTS”) activities, (*please list all family members on these lines*) _____

(hereinafter referred to as “Family”) agree to the following:

1. Family acknowledges that the 2019 Novel Coronavirus (known as SARS-CoV-2) (and the infection disease it causes, known as COVID-19) has been declared a worldwide pandemic by the World Health Organization and has resulted in federal, state, and local declarations of emergencies.
2. Family agrees to comply, as much as possible, with any and all health and safety recommendations, policies, rules, and regulations that may be adopted from time to time by ACTS, the Virginia Department of Health (“VDH”), the Centers for Disease Control (“CDC”), or the Governor of Virginia relating to the COVID19 pandemic.
3. Family understands and acknowledges that attending or participating in ACTS activities or any other activities on the premises of First Baptist Church may result in Family being exposed to SARS-CoV-2 and may result in Family developing a COVID19 infection, and Family voluntarily assumes the risks that Family may be exposed to or infected by SARS-CoV-2 / COVID19 while attending or participating in such activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Family understands and acknowledges that the risk of becoming exposed to or infected by SARS-CoV-2 / COVID19 while attending or participating in such activities may result from the acts, omissions, or negligence of Family members or others, including without limitation ACTS officers, directors, employees, volunteers, attendees, and participants and their family members.
4. Family understands and acknowledges that ACTS cannot guarantee that Family will not become infected with SARS-CoV-2 / COVID19 and that attending or participating in ACTS activities or any other activities in, on, or about the premises of First Baptist Church or otherwise affiliated with ACTS or First Baptist Church could increase the risk of Family contracting SARS-CoV-2 / COVID-19.
5. Release, covenant not to sue, waive, and discharge, Albemarle Christian Teaching Support, Inc. (“ACTS”) or First Baptist Church, their respective officers, directors, employees, board members, and volunteers, or other families participating in ACTS activities (hereinafter referred to as “Releasees”) from all liability for any and all claims, losses, and damages caused by, arising out of, or related to (a) personal injury, illness, infection, or death of a Family member occurring during, caused by, arising out of, or relating to attendance or participation in any ACTS activities or any other activities in, on, or about the premises of First Baptist Church or otherwise affiliated with ACTS or First Baptist Church, or (b) the acts, omissions, or negligence of the Releasees, including without limitation the failure to adopt, implement, or enforce appropriate or sufficient health and safety recommendations, protocols, policies, rules, and regulations related to SARS-CoV-2 / COVID19 or the failure of the Releasees to promptly notify Family of potential exposure to other individuals who test positive for SARS-CoV-2 / COVID19.
6. If any Family member tests positive for SARS-CoV-2 / COVID19 or experiences any symptoms of illness associated with COVID19 (including, but not limited to: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea), all Family members will refrain from attending or participating in any ACTS activities or any other activities in, on, or about the premises of First Baptist Church or otherwise affiliated with ACTS or First Baptist Church until such Family member meets then-current CDC guidelines for ending self-isolation or quarantine, which are currently: (1) at least 10 days have passed since symptoms first appeared or the date of testing positive, and (2) at least 24 hours with no fever without fever-reducing medication, and (3) symptoms have improved.
7. Family acknowledges that they are encouraged to promptly notify ACTS if any Family member tests positive for SARS-CoV-2 / COVID19 or is suspected of having COVID-19.

Date _____

Father’s Signature _____

Mother’s signature _____

Print Name _____

Print Name _____

Print two copies of this document. Sign and date both copies. Keep one for your records and submit one with registration.