

# Friday Enrichment Classes

For Fall Hamilton Enhanced Option School  
2016-2017 School Year



Dear Parent/Guardian,

Cottage Cove Urban Ministries will be hosting off-site classes in support of Fall Hamilton's Friday Enrichment Classes. Your child has been invited to participate in one of the electives offered at our Vine Hill location. Each class will be supervised by one or more Cottage Cove staff members, interns, or volunteers, plus one or more faculty from the school will be on site. While reasonable provision for safety is incorporated into all activities, as well as in the operation of our facilities, accidents and circumstances could arise that could cause injury. Cottage Cove is providing these services free of charge to Fall Hamilton and your child. In allowing your child's participation in said activities you agree to hold Cottage Cove Urban Ministries, its staff, interns, and volunteers, free from all liability in regards to any injuries or damages that may arise and to cover any legal costs of Cottage Cove or their representatives should any legal proceedings be initiated against them.

Please be aware that the teacher/school representative(s) present have regular authority, by school policy, in regards to sickness, injury, and discipline for behavioral issues. Notwithstanding, in the absence or failure of such leadership, Cottage Cove's staff will follow internally established procedures, including first aid and emergency transport to medical facilities as necessary – with all costs arising being your responsibility.

Any artworks, compositions, projects, images, videos, and other creations by or featuring the student may be used, without compensation, by Cottage Cove Urban Ministries for its purposes including fundraising and promotion.

In signing below, I have agreed to these provisions and I am allowing my child to participate in the elective provided by Cottage Cove Urban Ministries ([www.CottageCoveKids.com](http://www.CottageCoveKids.com)) through its location at 630 Benton Ave., Nashville, TN.

Child Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent Name (Signer): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_