The Training Center Annual Family Agreement Print and return the form with the non-refundable annual membership fee of \$75 per family to:		
	TTC 3214 Felton Springs Spring, TX 77386	Dr.
All students attending c	asses at TTC must have all 3 blar	nks completed.
First Name	Age (as of 9/1/2025)	Grade (as of 9/1/2025)
First Name	Age (as of 9/1/2025)	Grade (as of 9/1/2025)
First Name	Age (as of 9/1/2025)	Grade (as of 9/1/2025)
First Name	Age (as of 9/1/2025)	Grade (as of 9/1/2025)
Reason for homeschoo	ling and why TTC?	
I understand t I am aware th mandatory policy meeting	e TTC Handbook. (see ttcclasses he rules and agree to have my ch at my student is not fully registere ngs. ut a Release and Waiver of Liabilit	ildren abide by them. ed until I have attended one of the
Parent's Printed Name		
Parent's Signature		Date
Address		
City, State, Zip		
Primary Parent Phone N	Number	
Primary Parent Email (All TTC communication goes here):		
Emergency Contact and Phone Number		
Plago write any loornin	na modical social or omotional la	scues of which we should be aware

Please write any learning, medical, social, or emotional Issues of which we should be aware. (attach separate page if needed)

Release and Waiver of Liability and Indemnity Agreement (Read Carefully Before Signing) In consideration of being permitted to participate in any way in The Training Center Program indicated below and/or be permitted to enter for any purpose any restricted area (herein defined as any area where admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree: 1. I/WE fully understand and acknowledge that:

(a) There are risks and dangers associated with participation in The Training Center Classes events and activities, which could result in bodily injury, partial and/or total disability, paralysis, and death. (b) The social and economic losses and/or damages that could result from these risks and dangers described above could be severe.

(c) These risks and dangers may be caused by the action, inaction, or negligence of the participant or the action, inaction, or negligence of others, including, but not limited to, the Releasees named below.

(d) There may be other risks not known to us or are not reasonably foreseeable at this time.

2. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis, or death, however, caused and whether caused in whole or in part by the negligence of the Releasees named below.

3. I/WE HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE The Training Center classes, directors, teachers and/or facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct The Training Center Classes program or event, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the Training Center Classes and facility or event held at such facility and each of them, their UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY. ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

4. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

5. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant execute this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money they have paid to the participant or on his behalf and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OR RISK, AND INDEMNITY AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS.

Program Name-The Training Center

Facility Name-Gracepoint Fellowship Baptist Church, 426 Corporate Wood Dr., Magnolia, TX 77386 Hope Church, 16430 FM 2854 Rd, Montgomery, TX 77316

Teachers – All teachers with The Training Center

Parent(s) or Guardian(s) Signature_____

Printed Name of Participant(s) _