

THE HUGHEN CENTER, INC.
2849 Ninth Avenue
Port Arthur, Texas 77642
Phone: (409)983-6659 Fax: (409)983-6408

Instructions: This is an interactive form. Please complete all form fields, save the document and email this document to info@hughencenter.org or fax to 409-983-6408.

THE STATE OF TEXAS)

COUNTY OF JEFFERSON) KNOW ALL MEN BY THE PRESENTS:

That we _____ and _____, the legal parents/guardians of _____, do hereby agree with The Hughen Center, Inc., a corporation located in Port Arthur, Jefferson County, Texas, as follows:

That in consideration of the enrollment of said student in said Center we do hereby agree that in all suits and actions or claims which may hereafter be instituted by us or either of us, for damages resulting from injuries sustained by said student while under the supervision, care, and control of said Center or any of its teachers or agents whether said student is actually on the Center grounds or traveling by bus, automobile or otherwise in connection with said Center activities, that this Waiver shall constitute a bar to any recovery by us for any injuries or damages sustained by said student, and may be urged and taken advantage of by said Center, and that said center may further urge and take advantage of, in bar to any such recovery by us, all and singular the defenses which might be urged and taken advantage of by said Center in bar of any recovery by said minor in any suit instituted on account of such injuries, for the benefit of said student alone.

Said Center being a program for individuals with physical disabilities, it is the purpose and intent of this agreement as between us and said Center, and as consideration for said student being accepted for enrollment, to waive any cause of action which we might have as a result of said student sustaining injury or damage while under the supervision, care, and control of said Center or its agents, and insofar as the law permits to waive any recovery by said student in any suit instituted on account of such injuries for the benefit of said student alone.

WITNESS OUR hands this _____ day of _____, _____ .

Parents/Guardian

“The State of _____

“County of _____

“Before me, _____, a notary public, on this day personally appeared _____, known to me (or proved to me on the oath of _____,) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

“Given under my hand and seal of office this _____ day of _____, A.D., _____ .”

(SEAL)

Notary Public Signature

Notary Public Printed or Typed Name

My commission expires: _____