



To educate, motivate and encourage every student to excel in mathematics.
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Please note that in points 1-14, "AM" refers Anagha's Math LLC and "I/me/ my" refers to the Parent.

1. I authorize my child to participate in online classes and/ or In-person classes.
2. The online classes will be offered by AM using Microsoft Teams as our learning platform for student/teacher interaction.
3. I authorize my child to use the microphone and camera during the online sessions offered by AM.
4. I authorize AM to record online classes.
5. For in person location-based classes, I acknowledge and understand that my child's' participation may result in exposure to and illness from infectious diseases, including, but not limited to, COVID-19.
6. My child has my permission to participate in the indoor and outdoor activities organized by AM.
7. In case of a medical emergency when I cannot be reached through reasonable effort, I hereby give permission to AM to take the necessary action to the best of their ability to protect my child. This includes but is not limited to calling 911, secure proper treatment or hospitalize my child. I will be fully responsible for all the costs and expenses incurred.
8. I agree that I will not hold AM, or any of its officers, directors, instructors, teachers, or volunteers responsible for any accident or injury arising out of my child's participation in the program.
9. I am responsible to bring my child to class on time and pick him/her up immediately after class.
10. I am responsible for the safety of my child during non-class time and while coming or leaving the class premise.
11. I am responsible for keeping our phone numbers, email addresses, mailing address, emergency contacts, and my child's medical information accurate and up to date with AM. I permit AM to take pictures of my child during class activities.
12. I understand that my child shall not bring any food or beverage to AM without the teacher's permission, except water.
13. I certify that I have read this document and I fully understand its content. I am aware that this is a release of liability, and my Actual / Electronic signature amounts to my acceptance of the liability waiver.

Student's First and Last Name _____

Parent's First and Last Name _____

Date and Location _____

Signature _____