

WAY OF WISDOM HOMESCHOOL GROUP LLC
ADMINISTER AND USE OF EPI-PEN LIABILITY FORM

I, _____, parent/guardian
of _____ agree to waive and
release any and all liability for Way of Wisdom Homeschool Group LLC and/or
Melissa Redmond, as well as any employee/subcontractor of Way of Wisdom
Homeschool Group LLC in the administration and use of the Epi-Pen. I agree to
forever release and discharge the Way of Wisdom Homeschool Group LLC and its'
directors, officers, employees and volunteers from any and all liability, claims,
actions, rights of actions, damages, and expenses, including attorney expenses,
arising out of or resulting from any injury, disease, or death in the use, failure to use
or the administration of the Epi-pen.

In the case my child cannot administer the Epi-Pen themselves, I allow Way of
Wisdom Homeschool Group LLC staff to administer the Epi-Pen.

By signing this agreement, I have read and understand the terms of this agreement.

Print - Childs Name _____

Parent/Guardian Signature _____

Print - Parent/Guardian Name _____

Date _____