



4200 Boston Ave. Ste 8  
Lubbock, TX 79413  
806.370.0154

Student Name \_\_\_\_\_

**APPLICATION FOR INQUIRY**

Date of Application \_\_\_\_\_

**Student Information**

Name \_\_\_\_\_

First

Middle

Last

Date of Birth \_\_\_\_\_

Disability \_\_\_\_\_

Address \_\_\_\_\_ Social Security \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ How long \_\_\_\_\_

**Family Information**

**Father/Male Guardian**

First

Middle

Last

Employer \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ E-mail \_\_\_\_\_

Drivers License \_\_\_\_\_ Social Security \_\_\_\_\_

**Mother/Female Guardian**

First

Middle

Last

Employer \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ E-mail \_\_\_\_\_

Drivers License \_\_\_\_\_ Social Security \_\_\_\_\_

**Parents' Relationship (check all that apply)**

Married  Divorced  Separated  Single Parent

Mother Remarried  Father Remarried  Mother Deceased  Father Deceased

Name of Stepmother \_\_\_\_\_ Name of Stepfather \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Mobile \_\_\_\_\_ Mobile \_\_\_\_\_

With whom does the student primarily reside? \_\_\_\_\_

**Referral Information**

Who referred you to Lighthouse Learning Center or how did you learn about us?

Name \_\_\_\_\_

Website Seminar Advertisement Radio TV Newspaper Friend \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_ Temperature \_\_\_\_\_

List Children \_\_\_\_\_

**RELEASE AND WAIVER.** In consideration of my accessing the premises for any reason, and/or, receiving any services, or being employed by *The Lighthouse Learning Center PLLC*, I, being 18 years of age or older, do hereby forever release, waive, discharge, and covenant not to sue *The Lighthouse Learning Center PLLC* and its past, current, and future officers, directors, employees, members, volunteers, contractors, representatives, parents, owners, affiliates, agents, successors, and assigns (collectively, "The LLC") from any and all damages, injuries, losses, liability, claims, causes of action, litigation, or demands, including but not limited to those for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred, directly or indirectly, now or in the future, in any way related to COVID-19 and in connection with my involvement with The LLC. I fully consent not to sue The LLC for any of the foregoing.

**ASSUMPTION OF RISKS.** I understand that while LLC has undertaken reasonable steps to lessen the risk of transmission of COVID-19 in connection with the organization, LLC is not responsible in any manner for any risks related to COVID-19 in connection with the organization. I understand that the World Health Organization has classified the COVID-19 outbreak as a pandemic. I further understand that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. I am fully aware that participation with the organization (including any related travel) carries with it certain inherent risks related to COVID-19 transmission ("Inherent Risks") that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to:

- (1) the risk of coming into close contact with any individuals (possibly asymptomatic) or objects that may be carrying COVID-19;
- (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals;
- (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof.

Further, I understand that the risks of COVID-19 are not fully understood, and that contact with, or transmission of, COVID-19 may result in risks including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks. I hereby voluntarily accept and assume all risk of loss, personal injury, sickness, death, damage, and expense arising from such Inherent Risks.

Furthermore, I represent and warrant that to my knowledge I do not have COVID-19.

This COVID-19 Assumption of Risk, Release, and Waiver of Liability Agreement ("Agreement") shall be binding on my heirs, executors, administrators, successors, and assigns. I expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by applicable laws, and that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. This Agreement contains the entire understanding of the parties relating to the subject matter, and shall not be altered, modified, amended, waived or supplemented in any manner whatsoever except by a written agreement signed by both parties hereto or their duly authorized representatives. This Agreement may be executed, made and delivered electronically.

To the maximum extent permitted by applicable law, I (a) covenant and agree not to elect a trial by jury with respect to any issue arising out of this Agreement or the Services that is triable of right by a jury, and (b) waive any right to trial by jury with respect to such issue to the extent that any such right exists now or in the future. This waiver of right to trial by jury is given knowingly and voluntarily.

**I have read and understood this Agreement and enter into it voluntarily in consideration of the opportunity to participate in the organization. I acknowledge I am giving up legal rights and/or remedies which may be available to me or my student(s). I voluntarily seek services/employment provided by The Lighthouse Learning Center and acknowledge that I am responsible in choosing my risk to exposure to the Coronavirus/COVID-19 at any public organization. I acknowledge that I am responsible to comply with all set procedures to reduce the spread while present at this organization.**

**Please Check Each Health Statement Below:**

**I attest that myself and/or my child:**

Are not experiencing any symptoms of illness such as cough, shortness of breath, fever, chills, muscle pain, headache, sore throat, diarrhea, or new loss of taste or smell.

We have not traveled internationally within the last 14 days.

Have not been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

Have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

Are following all CDC recommended guidelines as much as possible and limiting our risk to exposure to the Coronavirus/COVID-19.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date