

The Morningside Montessori School
Liability Release Form

I give this child _____, of whom I have guardianship,
(Child's Name)
permission to attend any and all field trips, to be transported in any participating vehicle, and to participate in all activities planned for The Morningside Montessori School. I hereby waive, release, and discharge any and all claims for damage, for personal injury, death or property damage which I may have or which may hereafter accrue to me, as a result of participation in the said events. This release is intended to discharge in advance, Jane Marshall, her family, agents and employees, including drivers of any participating vehicles from any liability, even though that liability may arise out of negligence on the part of the persons or entities mentioned above. It is understood that some of the activities may involve an element of risk or danger of accident, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns each child will be put in a seat belt in vehicles, but it is the child's responsibility to stay in the seat belt.

I hereby give my consent to have the above-mentioned child treated by a physician or surgeon in case of sudden illness or injury while participating in the above-mentioned activities and attending Jane Marshall's school. It is understood that if a physician is mentioned below, every effort will be made to contact such physician. However, I also give my permission for Jane Marshall, her agents and her employees to use emergency medical personnel if she feels it necessary and agree to assume all costs and expenses resulting from any of the above services. I also give Jane Marshall, her agents and employees permission to administer first aid, to the above-mentioned child, to the best of her judgement should she feel it necessary.

I give Jane Marshall, her agents and employees permission to take photos and/or videotapes of the child mentioned above either in the classroom or out during any of the facilities at school for the photo album/journal, website, or as a means of monitoring progress and for informational purposes.

(PRINT) Parent or Guardian Name

Parent or Guardian Signature

Date

Preferred Physician's Name

Physician's Phone and Address