

2023-2024 Parent or Guardian Release Form

hereby authorize my/our son/dau Roberts Academy, both at the sch hereby, for ourselves, and our ex Roberts Academy, and its officers, or demands which we, or our heirs, personal injury or death, which we	ool location and away from the schecutors and administrators, remise directors, instructors and employe, executors or administrators have or	onal and educational programs and activities at T nool. We intend to be legally bound, and as such, a e, release and forever quitclaim and discharge. T es, from and against any and all damages, claims, su r may have, as a result of any liability, damage, expen- ustain while participating in the recreational program	do he iits se,
nature whatsoever, The Roberts A	academy may suffer as a result of o	n any and all costs, liabilities, losses or damages, of a claims, demands, damages, costs or judgments arisi directed by or involving The Roberts Academy.	-
	ent to any and all medical and surgio	l may require treatment by medical providers or a cal treatments which may be deemed advisable by a	
We have read the above and fully	understand the contents of the Rele	ease, and hereby voluntarily execute the same.	
Parent's Signature	 Date	Street Address	-
Ü		City, State Zip Code	-
Parent's Signature	Date	Home Telephone Number	-
		Work Telephone Number - Mom	
		Cell Phone - Mom	
		Work Telephone Number - Dad	
		Cell Phone - Dad	