

The Adventure Programs

10555 Spring Cypress Road, Houston Texas 77070

281-378-4080 Fax: 281-378-4081

2011/2012

Waiver of Liability for Information Release

I, _____, parent/guardian of _____

hereby request The Adventure Programs to release information/records as listed below to:

Name:

Information to be disclosed:

- Any and all information normally reserved for parent/legal guardian
- Accident Report
- Biting Reports
- Incident Report
- Academic Progress

Per this directive, I hereby release and forever hold harmless The Adventure Programs from any and all claims relating to or arising from the release of such information/records.

Signature

Date

(This must be signed in front of the Notary)

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____

State of: Texas

Seal:

County of: Harris

This form is for use by parents to enable the teachers to give information to the person (other than the parents), picking up the child on a regular basis. e.g. babysitter, nanny, grandparent, carpool etc.