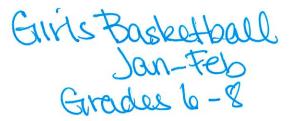
Donation: \$50

California Montessori Project



Registration Form, Release of Liability and Assumption of Risk Agreement

glass/Teacher:			Dalate		
Participant's Name	Birth Date	Address	Date(s)	City, Zip Code	Time: Home Telephone
		***************************************		1,000	Tione relephone
Activity Description: Practices and games					
Location: Vances Transportation: Daniel					
Student Physical Involvement:	<u>ue</u>			Loca	
I understand that my child will (hereinafter CMP) administrator	l be participa	ting in a field tr	ip as described her staff seek t	d above. At all times, o provide a safe enviro	California Montessori Project
In providing consent for my caccidents resulting in an injury cannot be eliminated without jec	child's partici , accident, ill	pation, 1 acknowness, or death n	wledge that co	ertain known or unan	Prince of the Pr
AGREEMENT, WAIVER, AND Consistent with Education Code activity, I hereby voluntarily was damage which I or my child ma activity. This release discharges connected in any way with my put danger of accidents and knowing assumption of risk is to be binding attorney's fees and costs to enfo behalf from all such fees and costs.	e Section 353; ive, release, a ay have, or w CMP, its offic participation is those risking on my heir orce this agre	the discharge any which hereafter neers, employees, and activity. It is I hereby assumes and assigns of the control of the con	r and all claims nay accrue to a nnd agents, fro t is understood ne those risks. Should CMP or	is for damages for persone or my child, as a remand against any and that this activity involution for the formal that the agreed the agreed the agreed the agreed the agreed the agreed the agreement that the agreement the agreement that the agreement the agreement the agreement that the agreement t	enal injury, death or property esult of participation in said fall liability arising out of or lives an element of risk and a hat this waiver, release and
PARENTAL CONSENT: (to be of I hereby consent that my son/da release in his/her behalf. I state their behalf, be required to incur CMP or anyone acting on their be	ugnier partici hat said mino r attorney's fe	pate in the above r is physically ab res and costs to	e activity, and le to participat enforce this as	I hereby execute the al	oove waiver, agreement, and
I HAVE CAREFULLY READ CONTENTS. I AM AWARE TH THE CALIFORNIA MONTESSO	THIS AGR	EEMENT, WA	IVER, AND	ANDACONTDACT	LLY UNDERSTAND ITS BETWEEN MYSELF AND
2	N2				
Parent/Legal Guardian (Please pr	rint) Pare	nt/ Guardian Si	znature	Dale	COLUMN TO A SUFFICIENT AS A SU
	00		,,,,,,,,	Duite	
Daytime Phone	Cell	Phone		Email	the state of the same of the s
Participants and parents/legal gu	ardians hereb	v agree to abide	by all rules, re	*********	of CMP; and to follow the
nstructions of the CMP staff in ch.	arge of this ac	tivity.			
1	Or				
arent∕Legal Guardian Signature	Stud	ent Signature		Date	F Store of St. S. St. St. St. St. St. St. St. St.
E7/10 A .C	att p		Sec. as as a gramman		