

THE CZECH SCHOOL OF ATLANTA
Honoring Karel Velan

I, THE UNDERSIGNED, UNDERSTAND THAT MY PARTICIPATION AND THE PARTICIPATION OF MY FAMILY IN THE CZECH SCHOOL OF ATLANTA, INC. EVENTS IS STRICTLY VOLUNTARY, AND WE HEREBY GIVE PERMISSION FOR MY FAMILY TO JOIN THOSE EVENTS. MY FAMILY SHALL HOLD HARMLESS THE CZECH SCHOOL OF ATLANTA, INC., ANY VOLUNTEERS OR REPRESENTATIVES, PAID OR UNPAID, AND THE PROVIDERS OF ANY ACTIVITY OR PROGRAM LOCATION AND/OR MATERIALS FROM ANY LIABILITY AND/OR RESPONSIBILITY FOR ANY ACCIDENT, ILLNESS, OR INJURY THAT OCCURS DURING OR AS A RESULT OF ANY FUNCTION OR PROGRAM.

I ACCEPT THAT THE FINAL RESPONSIBILITY FOR MY FAMILY'S SAFETY LIES WITH ME.

PRINT NAME

PARENT'S SIGNATURE

DATE

PRINT NAME

PARENT'S SIGNATURE

DATE