

THE CZECH SCHOOL OF ATLANTA
Honoring Karel Velan

WAIVER OF LIABILITY

Student's Full Name _____ **Date of Birth (mm/dd/yy)** _____

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Student's Full Name _____ **Date of Birth (mm/dd/yy)** _____

The Czech School of Atlanta is a non-profit public benefit organization. As condition of enrollment I hereby agree to the following:

I understand and agree that, as a condition of my child(ren) being accepted at The Czech School of Atlanta, I shall not hold liable The Czech School of Atlanta, their employees, directors, officers, volunteers or agents for any injury which may occur in connection with activity of The Czech School of Atlanta before, during, or after school hours, or involving any event, gathering, or occasion that I and/or my child(ren) attend(s) as a result of connection with The Czech School of Atlanta.

I am aware that by signing I have agreed to assume full legal liability for all rights involved in a participation in The Czech School of Atlanta program and further that I have waived certain legal rights, including my right to sue.

I am the parent or legal guardian of the child(ren) named above.

I have read and understood this form in full for the purpose of registering my child/children at The Czech School of Atlanta.

I agree to abide to the rules and regulations of The Czech School of Atlanta and that my child/children will do the same.

PRINT NAME

PARENT'S SIGNATURE

DATE

PRINT NAME

PARENT'S SIGNATURE

DATE