

## Release and Authorization for Children Not Enrolled in Montessori School of Maui Who are Attending a Function, Studio or Class on Campus Acknowledgment of Risk and Liability Release Agreement

I,		the undersigne	d as parent(s) or guardian(s) of
, a minor do hereby:			
1.	I realize that any after school to the minor.	studio(s), classes or function	ns include activities, which may pose possible risk
	<ol> <li>I am allowing the minor to pursue these activities with full knowledge of the possible risk to the minor.</li> <li>I give consent for Montessori of Maui, Inc., its officers, directors, agents, insureds, and employees to take action as it deems necessary for the safety and welfare of my child, including the handling of any and all medical affairs for the child, on my behalf and in my absence, should any medical situation occur when I am not present and where my authorization, release and permission is necessary prior to any treatment being rendered for my minor child. I further acknowledge that I will be responsible for all costs incurred.</li> </ol>		
4.	4. The undersigned, on my own behalf and on behalf of the child, hereby releases, acquits, discharges, and holds harmless Montessori of Maui, Inc., its officers, directors, agents, insureds, and employees from any liability, claims, denials, actions, cause of action and expenses whatsoever, arising out of, related to or connected with, directly or indirectly, any loss, damage, or injury, including death, to the child, and with regard to the treatment thereof, as a result of or in any way growing out of the acts or omissions of Montessori of Maui, Inc., its officers, directors, agents, insureds and employees. This release is to be as broad and inclusive as permitted by the State of Hawaii. I acknowledge that I have read and understand this document.		
Paren	t/guardian Signature		Date
HEALTH INSURANCE COMPANY NAME			POLICY #
	ON TO CONTACT IN CASE OF		
Home Phone #Cell Phone #			
Residential Address			
Work	Phone #	Place of Work	