

Cornerspring Montessori School



207-338-5800

18 Hatley Rd ■ Belfast ME 04915

cornerspring@tidewater.net

www.cornerspringmontessori.com

Release and Authorization to Participate in Athletics, Physical Education, and School Trips

I give my consent for my child to participate in Cornerspring Montessori's approved sports, extra-curricular activities and school trips with transportation being provided by any teacher, any coach, paid carriers, and other representatives of the school or any parent.

I understand that Cornerspring does not assume any responsibility in case an accident occurs. In consideration for my child being permitted to take part in such activities and to make such trips, I hereby waive all claims and I release, indemnify, defend, and hold harmless Cornerspring, its Board of Directors, Director of the school, administrators, faculty, agents, employees with any phase of such activities and trips (excluding paid carriers), from any and all liability claims, suits, demands, or causes of action, including an accident or injury suffered by my child while involved in such activities and trips.

I understand that a copy of the child's record form may be shared with a chaperone transporting my child in the event of a fieldtrip and may be reviewed in the event of an emergency, but that the copy will be returned to the school at the end of any fieldtrips.

Other Authorizations

I agree to share with Cornerspring any and all medication dispensing information on my child at anytime they have been given medicine. This includes but is not limited to doctor prescribed medications such as an antibiotic, over the counter medications such as Benadryl, Motrin, Aspirin, etc. I will also inform the school of any medications my child may be taking on a regular basis. I hereby waive all claims and I release, indemnify, defend, and hold harmless Cornerspring, its Board of Directors, Director of the school, administrators, faculty, agents, employees from any and all liability claims, suits, demands, or causes of action, including an accident or injury suffered by my child if treatment for an injury or emergency is sought and medication has previously been dispensed.

I give my permission for my child to be included in school photographs taken at Cornerspring or during any school function. I understand these pictures are used for promotional purposes as well as classroom photo books and could be included in advertisements in local media and internet.

I give permission for Cornerspring staff to apply sunscreen when deemed necessary. I understand I can waive the use of the school's sunscreen by writing a note accompanied by my own choice of sunscreen (clearly marked with my child's name).

I give permission for my address, phone numbers and email addresses to be included in an all school directory which is distributed to all current families and staff.

Signed: _____ (parent or guardian)

Print name: _____ Date: _____