

Liability Release

certify that I wish said child to register	an of I hereby and participate in any and all activities with Rousseau, LLC during all activities during school, ate pick-up on
instruction said child will receive by rea <i>Jacques Rousseau</i> , its directors, teach from any and all liability and responsibi	rmitted to take part in such activities and ason thereof, I hereby release <i>Ecole Jean</i> ners, employees, together with any volunteers, illity in connection with such activities, and hereby reason of any accident or injury suffered by said
medical treatment of said child in case such treatment to be administered by	eau and its representatives to consent to e of illness or injury in connection with activity, such physicians, other medical personnel, lected by <i>Ecole Jean-Jacques Rousseau</i> or its
Sign in presence of a Notary:	
Signature of parent or guardian	Name of parent or guardian
Address (street city/state ZIP code)	
Subscribed and sworn to before me by said affiant on this day, to certify which witness my hand and seal of office this day of, 20	
Signature of Notary:	Seal: