



2010-2011 RELEASE FORM

THIS FORM MUST BE COMPLETED FOR EVERY STUDENT THAT IS REGISTERED WITH BYDESIGN 2010-2011 ONLINE, AND RETURNED TO OUR OFFICE VIA FAX, MAIL, OR IN PERSON.

I acknowledge that I/my child(ren), _____

have been registered to byDesign's 2010-2011 Program. While I understand that reasonable care will be taken by the faculty and volunteers, I accept full responsibility for any accidents or injuries me/my child incurs at byDesign. In the case of an emergency, I authorize faculty/volunteers to take any action deemed necessary if I am not immediately available. I give permission for me/my child to be transported to the physician's office or the hospital, with no liability to the driver. An ambulance may be called to transfer me/my child to the hospital if required.

I accept all risks associated with participation in the byDesign program. I hereby release byDesign and its directors, coordinators, employees and other assigned representatives or volunteers from all liability and for any damages and/or injuries which may be sustained or suffered by me/my child while participating at byDesign.

If Student(s) Under 18 Years

Parent/Guardian Name: _____
(Please Print)

Parent/Guardian Name: _____
(Signature)

Date (day/month/year): _____

If Student Over 18 Years

Name: _____
(Please Print)

Name: _____
(Signature)

Date (day/month/year): _____