

RELEASE OF ALL CLAIMS
SCHOOL YEAR 20__-20__

Child's Name _____

Name of Parent/Guardian _____

Address of Parent/Guardian _____

Address of Child (if different) _____

Residence telephone number of Parent/Guardian _____

Work telephone number of Parent/Guardian _____

In consideration of SEAGULL SCHOOLS, INC., (THE CENTER) accepting and enrolling my child or ward as a student at The Center for the 20__ to 20__ school year, I, the undersigned, do hereby consent to the above named student's participation in all of The Center's activities, including but not limited to the following activities:

1. School supervised physical education activities;
2. School sponsored excursions of any nature that may be conducted during the school year.

In further consideration of The Center accepting and enrolling the above named student as a student at The Center for the school year indicated above, I on behalf of the student as the Parent or Guardian and the student's executors, administrators, personal representatives and assigns, agree to release, discharge and indemnify SEAGULL SCHOOLS, INC., and its stockholders, officers, directors, agents and employees from any and all claims, demands, damages, costs, loss, injury or death to the student at The Center, and I further agree with SEAGULL SCHOOLS, INC., that on behalf of the student as the Parent or Guardian and the student's executors, administrators, personal representative and agrees, I will not institute any suit or action at law or otherwise against SEAGULL SCHOOLS, INC., and its stockholders, officers, directors, agents and employees, nor institute, prosecute or in any way make any claim, demand, file any action or cause of prosecute or in any way make any claim, demand, file any action or cause of action for damages, costs, and expenses for or on account of any damages, loss or injury or death of the student resulting or to result, for or by reason of any matter, cause, or thing whatsoever while or as a student at The Center.

I also agree to save and hold harmless the State of Hawaii and the City and County of Honolulu from liability for damages, injuries or other causes of action.

I have read this release and understand all of its terms, conditions and covenants. I sign it voluntarily and with full knowledge of it's significance and consequences.

Signature: Parent or Legal Guardian

Date