



**2019-2020**  
**Parental Waiver**

I give \_\_\_\_\_ permission to participate in all activities  
**Student Name**

affiliated with Darrow School's Academic Program, Spring Term, Class Trips, and Weekend Activities.

I am aware that all related activities have a criteria risk and I assume any and all responsibility for that risk. I will hold The Darrow School, its staff, and affiliated program sponsors harmless for any accident involving my child while participating in these activities.

\_\_\_\_\_  
**Name Parent or Guardian (Printed)**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**