



Encounter the world, Engage the mind

The Graham School
3950 Indianola Avenue
Columbus, OH 43214
(614) 262-1111
thegrahamschool.org

2011-2012 Parental/Guardian Consent and Release

As the parent(s)/guardians (s) of _____,
a _____ grade student at The Graham School, I hereby give my authorized
consent on his/her behalf to participate in The Graham School Experiential
Program on or off The Graham School premises for the 2011-2012 school year.
I grant permission for my student to ride on the school bus or COTA bus, or to
ride with Graham staff, volunteers, students or Experiential Mentors. On behalf
of myself and my son/daughter, I hereby release The Graham School,
Experiential Placements, and their divisions, subsidiaries and affiliates, trustees,
officers, employees, agents, staff or instructors from and against liability for
damages of whatever kind and description including loss of life, personal
injury, and property damage which may result, directly or indirectly, from the
participation of _____ (student) in organized
experiential activities. I further agree to be responsible for any property
damage caused by the above-mentioned student in connection with his/her
participation in the Experiential Program.

Parent/Guardian signature

Date

Student signature

Date