



10555 Spring Cypress Road, Houston Texas 77070 281-378-4080 Fax: 281-378-4081

Waiver of Liability for Information Release 2020/2021

This form is for use by parents to enable the teachers to give information to the person (other than the parents), picking up the child on a regular basis. e.g. babysitter, nanny, grandparent, carpool etc.

I, _____, parent/guardian of _____

hereby request The Adventure Preschool to release information/records as listed below to:

Name: _____

Caregiver (if different from parent's) Email Address is required for Newsletter, Email Reminders.

Information to be disclosed:

- Any and all information normally reserved for parent/legal guardian
- Accident Report Incident Report
- Biting Reports Academic Progress
- Newsletter (email) Reminder Emails

Per this directive, I hereby release and forever hold harmless The Adventure Preschool from any and all claims relating to or arising from the release of such information/records.

Signature
(This must be signed in front of the Notary)

Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____

State of: Texas
County of: Harris

Seal: