

# RELEASE AGREEMENT

As the parents or legal guardian of:

\_\_\_\_\_ (Child's Last and First Name)

I (We), \_\_\_\_\_ and \_\_\_\_\_  
Mother First and Last Name Father First and Last Name

give my (our) permission to Big Apple Institute staff to release my son/ daughter \_\_\_\_\_ from school premises on the following days \_\_\_\_\_.

I (We) will take full responsibilities for my (our) child after he/she leaves the school premises.

I (We) further agree to waive the right to press legal charges against Big Apple Institute., its officers and staff, in those instances.

I have read the Agreement of Release. In the event this agreement is executed by one parent, I acknowledge that I am also acting as the agent of the other parent with the authority to enroll my child into Big Apple Institute and agree to execute this agreement on his or her behalf.

Signatures: Mother _____	Father _____	Date _____
Authorized Guardian _____	Date _____	
Subscribed and sworn to before me this _____ day of _____, 20____		
_____ <b>Notary Public or Commissioner of Deeds</b>		_____ <b>County of</b>