

**Abracadabra
Fall 2010
September 1st – December 22nd
(Liability Waiver)**

The participant below is in good health and has my permission to participate in this program. In case of emergency I grant permission for my child to be given emergency treatment. I agree to assume complete financial responsibility for any injury or property damage created as a result of an intentional or negligent act of my child or ward while she or he is enrolled in this activity

Child: _____

D.O.B. _____

Grade: _____

Parent's Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____