



GHSD WAIVER



I _____ and _____
(Mother's name) (Father's name)

grant _____ permission to take part in the following
(Student's name)

activity(ies) on _____. I (we) am aware of the activity(ies) and the risks involved and I am giving GHSD permission to take my (our) child on the marked activity(ies) below and absolve GHSD of any liability related to this activity.

GHSD is not responsible for any harm or injury that may occur while participating in these activities.

- _____
- _____
- _____
- _____
- _____
- _____

Mother's Signature

Date

Father's Signature

Date