

# Saint Andrews Presbyterian Preschool

## MOVEMENT EDUCATION CONSENT FORM

I give permission for my child \_\_\_\_\_ to participate in the Movement Class at Saint Andrews Preschool. I recognize that injuries can occur in any activity which involves motion. In consideration for allowing my child to participate in movement education I release Saint Andrews Preschool and staff from any and all liability for injuries suffered by my child while under the instruction or supervision of Saint Andrews staff and I agree not to sue for any such injury.

This acknowledgment of risk and waiver of liability has been read and understood and is signed voluntarily.

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(Parent Signature)

(Date)