## RELEASE OF ALL CLAIMS

The undersigned, being of lawful age, for and in consideration of the willingness of Cedarville Learning Center/Teresa Bishop to care for their/ his or her child/children do/does hereby and for my/our heirs, executors, administrators, successors, and assigns release, acquit and forever discharge said Teresa Bishop and her agents, teachers, staff, servants, successors, heirs, executors, administrators, and Cedar Cliff Local School Board of Education, corporations, firms, associations or partnerships of any and all known and unknown, unforeseen personal injury, and/or property damage and the consequences thereof resulting to the minor child or children of the undersigned which may have occurred since the beginning of time until the cancellation of this Release by the mutual consent of the parties.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned and that this Release contains the entire agreement between the parties hereto and that the terms of the Release are contractual and not a mere recital.

## THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

This signed form is required prior to your child attending the Cedarville Learning Center.	
Name of Minor Child(ren)	
This RELEASE OF ALL CLAIMS must be signe	d by BOTH PARENTS AND/OR ALL
LEGAL GUARDIANS.	
Parent or Legal Guardian	Date
Parent or Legal Guardian	Date

This form is to be reviewed, initialed, and dated annually.	
Parent/Guardian Initials	Date of Review
Parent/Guardian Initials	Date of Review
Parent/Guardian Initials	Date of Review