

# The Arabic School of Portland

## Release Form

I, ....., the undersigned, am the parent or legal guardian of:

.....

I hereby release the Arabic School of Portland, its administrators, teachers, agents, and volunteers, from any obligation or liability for any injury or loss of property which may be sustained by my above-named child during his or her arrival to, departure from, or attendance at the Arabic School of Portland or its sponsored activities, sports, or field trips.

In the event that my child is deemed by the administrators or personnel of the Arabic School of Portland to require immediate medical treatment, I give my permission to the Arabic School of Portland to secure such immediate medical treatment for my child as they may deem necessary. I release the Arabic School, its administrators, and personnel from any and all liability for such treatment. I also accept full responsibility for all costs incurred in securing such treatment.

....., .....

Parent/legal guardian's signature

date