



Liability Release Form

Child's Name _____ Date of Birth _____

Parent's Name _____

Home Phone _____ Cell Phone _____

We at **Sterling Christian Day school** value your child and will cherish our time together. We strive to always take every precaution to ensure your child is safe at all times. However, no matter how cautious the staff nor highly trained the employees. No one can guarantee there will never be an unforeseen accident. Know that we will always attempt to avoid all hazards or dangers to your child.

I _____, Parents of _____

Understand that **Sterling Christian Day School** (SCDS) will not be liable for accidents or injuries of my child while he/she is attending our program.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

SCDS Staff: _____ Date: _____