



MODESTO CITY SCHOOLS

426 Locust Street, Modesto, California 95351-2699

www.monet.k12.ca.us

RELEASE

I, _____, the parent/ legal guardian of _____,
(name of student)
do hereby release both Modesto City Schools and _____
(name of school)
and their officers and employees from any and all liabilities, claims, and causes of action that may arise
as a result of injury to my child while participating in _____
(name of activity)
on this/ these dates: _____
(list date/ dates)

Signed _____ Date _____

Printed Name _____ Phone Number _____

Representation of Medical Coverage

I, _____, the parent/ legal guardian of _____,
(name of student)
do hereby represent to Modesto City Schools and _____ that my child listed above
(name of school)
is covered by medical insurance with _____, which would be used
(name of Insurance Company)
for the medical treatment and hospitalization of my child if an injury is sustained while participating in
_____ on this/ these dates: _____
(name of activity) (list date/s)

Signed _____ Date _____

Printed Name _____ Phone Number _____