



Consent and Release

I am the parent/guardian of _____. I acknowledge that I have requested and/or consent to the following person providing services to my child on campus at Greater Miami Hebrew Academy, Inc. ("School"):

Name of Provider: _____
Type of Service: _____

I understand that the services will be provided during school hours or after school hours in accordance with a schedule agreed to by me, the School, and the service provider. I understand that I am fully responsible for the payment of all fees and costs associated with the services being provided and that I will pay Hebrew Academy to cover the cost of the IMACS Placement Assessment.

I agree to allow the service provider to share information with the School regarding the services being provided that may be relevant to my child's education at the School.

I agree to assume the full risk of any injury, damage or loss which my child may sustain as a result of participating in any manner, in any and all activities connected with or associated with such program or service provider. I also agree to hold the School (and its employees, managers, and administrators) harmless from and indemnify it against all claims, demands, suits, charges, attorneys' fees, costs, damages, liens, liabilities, and actions of any kind whatsoever arising in connection with the services being provided herein, including any personal or professional actions or inactions by the service provider.

Both parents must sign

Parent/Guardian Date

Parent/Guardian Date

