**Parents or Guardian’s Notice of No Liability Insurance and Acknowledgement**



I understand that I am being informed in writing by signing this acknowledgement that this facility, C. Alexander Learning Academy, does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

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Parents or Guardian’s Signatures Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian (Print Names) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center Director’s Signature Date