



Aim For A 2 Z, Inc.
P. O. Box 32
Pennington, NJ 08534
Tel: 609-213-8674 Fax: 609-333-0730

Waiver And Release Form for Volunteers and Students
Fall2011 / Winter-Spring2012 / Summer 2012

Name of Child (if under 18years) _____

Name of Parent / Guardian _____

I, the minor's parent and/or legal guardian, waive and release all rights and claims for damages against the owners, supervisors, volunteers and other members of the Aim for A2Z, Inc., from personal injury or accident of any sort or nature suffered by me/us, the undersigned or the minor, by reason of participation in classes, lessons or any programs or activities of the Aim for A2Z, Inc.

Parent/Guardia Name _____

Parent/Guardian Signature: _____

Student/Volunteer Signature: _____

Date: _____