

WAIVER AND RELEASE

WHEREAS WE, the undersigned parents/guardians of _____, a child of the Fort Dodge Community School District, on this date of _____, understand that certain recommendations have been made concerning said child by:

Person Recommending Title

TO WIT: _____

WHEREAS, we acknowledge the legitimate and lawful concern of the teachers, Administrators, and officials of the District for the best interests of said child, and

WHEREAS, we further recognize and fully accept our own legal and moral responsibility and all consequences flowing therefrom for the educational decision of said child,

THEREFORE, we hereby _____ with the aforementioned
(agree/disagree)

recommendations and fully _____ to the implementation of
(consent/refuse consent)

such recommendations and agree to hold harmless the Fort Dodge Community School District, all teachers, Administrators and officials for the aforementioned decision.

Parent/Guardian Witness (date)

Parent/Guardian Witness (date)

NOTE: Refusal to Acknowledge

If the parents/guardians of the above child refuse to sign the above Waiver and Release, please sign below and have same witnessed.

Witness Person Recommending (date)