

**Parental Release for transportation of students to and from
Latvian Center Garezers, Inc. Summer High School**

I hereby give permission to the Latvian Center Garezers, Inc. to transport my son /
daughter _____ to and from school as
needed during the duration of the school program from June 24th, 2017 until August 6th,
2017. Transport may include any or all of the following: transport to the Garezers Health
Office in event of illness, to Clinic, Outpatient Services, Hospital or Physician's office if
directed by Health Officer; an all-school field trip to Warren Dunes, MI, class field trips or
sports outings. I will not hold Latvian Center Garezers, Inc. or any of its staff, management
of officers liable for the actions of my child or anyone else on these trips.

Date

Parent's or legal guardian's signature

Please PRINT name of above parent or guardian