

**California Cadet Academy**  
**P.O. Box 4276**  
**Napa, CA 94558**

Liability Release Form  
(Please Print or Type)

I, the undersigned, \_\_\_\_\_, residing at \_\_\_\_\_,  
State of \_\_\_\_, being the parent or legal guardian of \_\_\_\_\_,  
do hereby give my permission for him/her to attend the California Cadet Academy and in  
consideration of allowing him/her to participate in the academy, the California Cadet Academy's  
employees, agents, successors, assigns and all others who may be liable from all claims, present  
and future, known or unknown, in any manner arising out of his/her participation in the  
California Cadet Academy.

I also acknowledge that the child listed above has no limiting medical conditions and is fully  
capable of participating in the program.

I appoint the California Cadet Academy to act in my place in the event that my child becomes  
sick or injured while attending the academy. This appointment is for the purpose of securing  
benefits and expressly includes the authority to sign releases to physicians who may render  
emergency medical care and services. I promise to assume liability for payment of all such  
professional services, and to reimburse the California Cadet Academy for any expense that may  
be incurred for treatment, care, drugs, and other services for my child.

In consideration of all above as well as the supervision provided on my behalf and on behalf of  
my child; I hereby agree to hold the California Cadet Academy, employees, agents, successors,  
assigns, its agents and all others who may be liable, harmless for results of any decisions it may  
make in connection with the care and treatment of my child.

I agree that if my child's behavior is such that it endangers the welfare of himself/herself or  
others or delays the operations of the academy, the California Cadet Academy has my permission  
to send him/her home at my expense.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date