

**General Release Statements**  
**CAP North East Region Glider Academy**  
**June 22-June 30, 2019**

**Declaration** (child):

My child desires to participate in the activities stated above at his/her own risk. I state that my child is in good health, physically fit to participate in this activity and has no known medical condition which could jeopardize his/her safety during participation in this activity or be aggravated by such participation.

**Acknowledgement**

I acknowledge and represent that I have read the foregoing, understand it and sign it voluntarily as my free act and deed; no representations or statements have been made to me to induce me to execute this document. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)

Printed Name: \_\_\_\_\_

Cell No. with area code: \_\_\_\_\_