



**MIAMI  
SCHOOL  
OF  
THE ARTS**  
MUSIC • VOCAL • THEATER • FINE ARTS

**Miami School of the Arts**  
1700 SW 62 Ave  
Miami, FL 33155  
(305) 261-5566

### RELEASE OF LIABILITY

Child's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The undersigned agrees to be responsible for any injuries sustained while the child is at the camp using said facilities and equipment and engaging in other field trip activities, hereby release Miami School of the Arts from any liability for injuries received by the undersigned thereon.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

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**Parent of child or adult members fill this section out.**

Print Name

FL D.L. #

Address

Alt. Phone Number

Signature

Employee Witness