

Please Make Checks Payable to LWHE
 Please complete form below and mail to:
 Heather Farrell
 2292 Victory Hwy
 Harrisville, RI 02830

Name:		
Address:		
Home Phone:		
Emergency Name/Phone:		
Email Address:		
Class Name:		Summer Transition July 6– Aug. 10
Allergies or Medical Information:		

Waiver

I/we, the undersigned for ourselves, our heirs, executors, and administrators, waive, release, and hold harmless the Town of Burrillville and/or Jennifer Bergin, its staff, officers, agents, employees, representatives, successors, and assign of and from all rights/claims for damages, loss to person or property, which may be sustained or occur before, during or after participation in the Foundations Program Classes or anywhere on the demise premises, including the parking lot, which are caused by willful, wrongful act, negligence, or default of the lessee, its agents and servants.

I give Learn Well staff and volunteers permission to release my child(ren) to the following individuals:

_____	_____
Full Name	Relationship to Child
_____	_____
Full Name	Relationship to Child
_____	_____
Full Name	Relationship to Child
_____	_____
Signature of Parent or Guardian	Date