

# Gallant Academy Corp.

2800 W. Bayshore, Palo Alto, CA 94303

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## Liability Waiver

I understand that although the students will be supervised by Gallant staff, I do assume the risk in my student's participation in the Gallant Academy classes and activities. I acknowledge that I will not seek to have Gallant Academy in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my son's/daughter's participation in Gallant Academy class(es). This release of liability includes accident, injury, loss, or damages to the student, as well as, to other individuals or property which may result from the student's participation in the event. I hereby release and agree to hold harmless the Gallant Academy, its officials, agents and employees, from any claims arising out of my son's/daughter's participation in the event(s). I have read and understand and accept all of the statements recited above and accept full responsibility as described.

Date: \_\_\_\_\_

Student's Signature (as appropriate) \_\_\_\_\_

Date: \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_