

<i>For Official use only</i>			
Volunteer date:			
Payment Y/N:		Chinmaya Saraswati Patron Y/N:	Category:

General Release:

I/We give my child/children as listed above, permission to participate in Chinmaya Mission Fairfield-New Haven, CT activities being conducted on the designated premises where classes are conducted and at other places as needed (such as school picnic, group walk, camps etc.). I/ We understand that no fees can be refunded in case of withdrawal from Chinmaya Mission® Fairfield-New Haven, CT (CMFN) at any time. We hereby indemnify and release CMFN, its teachers, members and parent volunteers from any liability, including personal injury, property damage, costs or expenses (including attorney fees) resulting from any action taken on behalf of my/our child/children or otherwise arising out of my child's/children's participation in Bala Vihar/Junior CHYK, CMFN activity. We also agree to abide by the rules and code of conduct prescribed in the Member Handbook.

Signature Of Parent: _____ **Date:** _____