



Student Activity Guest Information and Waiver Form

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|-------------------|------------------------------------|
| Activity | MS Dance |
| Date | Friday, November 17 |
| Location | ES Atrium |
| Start Time | 7:00pm |
| End Time | 9:00pm |
| Cost | \$5 in advance and \$7 at the door |

Guest Information:

| | |
|-------------------------|--|
| Name | |
| School | |
| Phone # | |
| Parent's Name | |
| Parent's Phone # | |

| | |
|---------------------------|--|
| Riverstone Student | |
| Student's Phone # | |

By signing this document, I hereby release the care of my child to Riverstone International School, its officers, and employees during his/her attendance to the aforementioned school activity. I acknowledge and release the school from any and all liability of sickness or injury from whatever source while participating in the school activity.

As the parent of a guest attending a Riverstone International School activity, I attest to the good standing of my child with their school and verify their academic and behavioral status as that which would allow participation in extracurricular school events.

Please sign and return to Kevin Berner prior to the activity date.

| | |
|-------------------------------|--|
| Date | |
| Guest Parent Signature | |

For questions or concerns, please contact Kevin Berner at
kberner@riverstoneschool.org.