



WAIVER AND RELEASE OF LIABILITY AGREEMENT

The undersigned is the legal parent/guardian of _____
(child's full name) and agrees to the following:

I understand and agree to a full and complete waiver and release of any and all liability ("Liability Release") on the part of the Harvest Morning Play School in connection with my Child's attendance at the Play School and participation in all Play School activities, including, but not limited to, play area activities, classroom activities in connection with the Preschool. I understand and agree that this Liability Release will apply to the entire duration of my Child's attendance at the Play School and participation in all Play School activities.

I further authorize anyone working at the Play School to obtain medical care for my Child or to transport my Child to a clinic or hospital if, in the opinion of the director or coordinator working at the Preschool, medical attention is needed for my Child. I agree that if the Play School releases my Child to me, my designee, an ambulance or other medical transport, a medical facility, a clinic or a hospital, that the Play School staff shall not have any further responsibility for my Child. I agree to pay all costs associated with such medical care and related transportation for my Child and indemnify and hold the Harvest, its representatives and agents harmless from any costs incurred in connection with such medical attention or any related claims.

This Liability Release may only be revoked in a writing that is signed by both myself and the Director of the Play School. I acknowledge that I have carefully read this Liability Release and understand its contents.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Street Address: _____

City: _____ Zip: _____ Phone: (____) _____

E-mail Address: _____