

ACTIVE ZONE KIDS
WAIVER AND RELEASE OF LIABILITY AGREEMENT

The undersigned hereby represents that he or she is the parent or guardian of _____ (Child's full name) and agrees to the following:

I do hereby waive, release and forever discharge Lisa Wiseman (hereby referred to as "Provider") from any and all claims, demands, damages, actions, or causes of action on account of any and all injuries or illnesses to my Child in connection with my Child's attendance at preschool and participation in all preschool activities, including, but not limited to, playground activities, classroom activities and field trips taken 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 preschool and participation in all preschool activities.

I further authorize the Provider to obtain medical care for my Child or to transport my Child to a clinic or hospital if, in the opinion the Provider, medical attention is needed for my Child. I have completely informed the Provider of any physical, emotional or mental problems my child has/ has had, any restrictions or special instructions for care and I declare my child to be in good physical and mental health. As parent/guardian, I give my consent to have my child receive first aid and or CPR by the Provider. I agree that when the Provider releases my Child to me, my designee, an ambulance or other medical transport, a medical facility, a clinic or a hospital, that the Provider 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 Provider, its representatives and agents harmless from any costs incurred in connection with such medical attention or any related claims.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

I acknowledge that I have carefully read this Liability Release and understand its contents.

Please Print Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____