

Liability Release Form

I give this child _____ of whom I have guardianship permission to attend any and all fieldtrips and to participate in all activities planned at the ABC EXPRESS PRESCHOOL, either on or off the premises, for any and all the time the above mentioned child is enrolled in his/her preschool. I hereby release, waive, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said events. This release is intended to discharge in advance, Jennifer McMaster, her family, agents, and employees, from any liability, even though that liability may arise out of negligence on the part of the person mentioned above. It is understood that some of the activities may involve an element of risk or danger of accidents, and knowing those risks I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

I hereby give my consent to have the above mentioned child treated by a physician or surgeon in case of sudden illness or injury while participating in the above mentioned activities and attending the ABC EXPRESS PRESCHOOL. It is understood that if a physician is listed below every effort will be made to contact them. However, I also give permission for Jennifer McMaster, her agents, and her employees to use medical personnel if she feels it necessary and agree to assume all costs and expenses resulting from any of the above services. I also give Jennifer McMaster, her agents, and employees permission to administer first aid to the above mentioned child, to the best of her judgment, should she feel it necessary.

I give Jennifer McMaster, her agents, and employees permission to take photos and or videotape of the above mentioned child in either the classroom or other outside class activities. These could be used in scrapbooks, journals, slide shows, and as a means of monitoring progress or for information purposes.

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| _____ PRINT PARENTS/GUARDIANSNAME | _____ PARENT/GUARDIANS SIGNATURE | _____ DATE |
| _____ PYHSICIAN NAME | _____ PHYSICIAN ADDRESS | _____ PHONE# |