

Childcare Program Insurance Waiver Form

Child Information

Child's Full Name

Date of Birth

Parent / Guardian Information

Parent/Guardian Name

Contact Number

Email Address

Waiver Agreement

I, the undersigned, acknowledge and understand that my participation or my child's participation in the childcare program is voluntary. I have read and understand the insurance policies provided by the program and agree to waive any liability against the program, its staff, and affiliates for any injury or accident that may occur during participation. I hereby agree to the terms set forth in this waiver.

Signature

Parent/Guardian Signature

Date