



# Liability Waiver

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CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

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## LIABILITY RELEASE WITH PARENTAL CONSENT FOR MEDICAL/EMERGENCY TREATMENT AND TRANSPORTATION

**Consent to Participation.** The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in all day care activities conducted by Storyland School and to the participation of the child in all events related to said activities.

**Assumption of Risk.** Storyland School is well child-proofed and the children are consistently well supervised by Storyland School's staff. However, participation in day care carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or bone fractures or breaks, and concussions to 3) catastrophic injuries including paralysis and death.

**Consent to Administer Aid.** The undersigned hereby authorizes Storyland School to administer first aid treatment for minor scrapes, cuts, bruises, or insect bites. If there is no medical emergency, Storyland School staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment. In the event of a medical emergency, the undersigned hereby authorize(s) any of the staff, employees, agents and representatives of Storyland School to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child in emergency situations. Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures. Notwithstanding other provisions in this consent form, Storyland School shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

**Consent to Emergency Transport.** The undersigned(s) hereby further authorize(s) emergency transportation by either day care personnel, or if necessary, by ambulance or other emergency vehicle.



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**Indemnification and Hold Harmless.** The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in the day care and agree(s) to release, indemnify, defend and forever discharge Storyland School and it's staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death or injury to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the day care.

**Severability.** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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Signature of Parent/Guardian

Date