



## Child Drop off Liability Waiver

**Child's Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Drop-Off:** \_\_\_\_\_

**Time of Care:** From \_\_\_\_\_ to \_\_\_\_\_

### Waiver and Release of Liability

I, the undersigned parent/legal guardian of the above-named child, understand and acknowledge that:

**1. Voluntary Participation**

I am voluntarily enrolling my child in a drop-off childcare service provided by Mableton International Childcare (hereinafter "MIC").

**2. Assumption of Risk**

I understand that while MIC takes every reasonable precaution to ensure a safe environment, participation in childcare activities may involve inherent risks including, but not limited to, minor injuries (e.g., scrapes, bumps) and exposure to illnesses.

**3. Medical Treatment Authorization**

In the event I cannot be reached in an emergency, I authorize MIC staff to obtain any necessary emergency medical care for my child. I accept responsibility for any medical expenses incurred.

**4. Liability Release**

I hereby release and hold harmless MIC, its employees, directors, agents, and volunteers from any and all claims, demands, causes of action, or liability for any injury, loss, or damage to person or property that may occur while my child is in the care of MIC, except in cases of gross negligence or intentional misconduct.

**5. Pick-Up Authorization**

I agree that my child will only be released to me or to the individuals I have listed on the intake form as authorized to pick up my child.

**6. Health and Wellness**

I affirm that my child is in good health and free from communicable diseases at the time of drop-off. I will inform MIC staff of any allergies, medical conditions, or special needs.



**Parent/Guardian Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**MIC Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_