

Starting Blocks Preschool LLC Waiver of Liability and Photo Release Form

I understand and agree that by participating in any school class there are potential risks that my child may encounter. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to my child or me during any Starting Blocks Preschool class or play time. I also exempt, release, and indemnify Starting Blocks Preschool, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property, which may arise out of or in connection with participation in any classes or activities conducted by Starting Blocks Preschool. I further hereby voluntarily agree to waive my rights and that of my heirs and assignees to hold Starting Blocks Preschool, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Permission is granted to Starting Blocks Preschool to use photographs of my students for publicity purposes.

I grant Starting Blocks Preschool and its staff member's permission to sign my child in or out in the event I forget to do so.

I grant Starting Blocks Preschool and its staff member's permission to use the school provided diapers and wipes on my child. I understand that my child may be allergic to the school provided diapers and wipes and may need to provide my own for my child.

I understand that all tuition and fees are non-refundable for any reason whatsoever.

I have read, understood and agree to be bound by the above statement (please print your name, sign & date): BY SIGNING THIS DOCUMENT I UNDERSTAND I AM WAIVING MY LEGAL RIGHT TO FILE A LAW SUIT BY PARTICPATING IN STARTING BLOCKS PRESCHOOL CLASSES.

PARENT NAME PRINTED: _____

PARENT SIGNED: _____

If under 18, parents or legal guardian must sign

FOR: _____

Name of Student (if you are the participant leave blank)

DATED: _____