



University For Tots, Suitland Child Care Center, Inc.

Liability Release Authorization

I hereby grant permission for my child(ren) to be transported by van to and from school. I also grant permission for my child(ren) to be transported by van on field trips, during public school closings.

I grant permission for my child(ren) _____ to participate in all camp activities, including swimming. In case of an emergency contact me or my emergency contact. If I or someone on the emergency form cannot be reached, I give University For Tots permission to secure the medical treatment necessary for my child.

I understand that University For Tots assumes no responsibility for injuries or illness, which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any activity. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from his/her participation in these activities and I hereby release and discharge University For Tots and its employees from any and all claims for injury, illness, death, loss or damage which he/she may suffer as a result of his/her participation in these activities. I understand that University For Tots is not responsible for any personal property lost or stolen. I acknowledge the Waiver and accept the conditions set forth above and are in sympathy with the goals and purposes of University For Tots. I agree to adhere and abide by the policies as outlined in this agreement.

I do understand and agree to carry out the parent's responsibilities under this Policy and Procedures Agreement.

Print Child's Name

Parent Signature

Date

University For Tots Director

Date