off broadway
PRESCHOOL
of fine arts

WAIVER AND RELEASE OF LIABILITY AGREEMENT

The undersigned hereby represents that he or she is the parent or guardian of

_____ (Child's full name) and agrees to the following:

I understand and agree to a full and complete waiver and release of any and all liability ("Liability Release") on the part Off Broadway Preschool (the "Preschool") in connection with my Child's attendance at the Preschool and participation in all Preschool activities, including, but not limited to, playground activities, classroom activities and field trips taken in connection with the Preschool. I understand and agree that this Liability Release will apply to the entire duration of my Child's attendance at the Preschool and participation in all Preschool activities.

I further authorize anyone working at the Preschool to obtain medical care for my Child or to transport my Child to a clinic or hospital if, in the opinion of anyone working at the Preschool, medical attention is needed for my Child. I agree that if the Preschool releases my Child to me, my designee, an ambulance or other medical transport, a medical facility, a clinic or a hospital, that the Preschool staff shall not have any further responsibility for my Child. I agree to pay all costs associated with such medical care and related transportation for my Child and indemnify and hold the preschool, its representatives and agents harmless from any costs incurred in connection with such medical attention or any related claims.

This Liability Release may only be revoked in a writing that is signed by both myself and the Director of the Preschool. I acknowledge that I have carefully read this Liability Release and understand its contents.

Please Print Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Street Address: _____

City: _____ Zip: _____ Phone: (____)_____

Email Address: _____