



CHILDCARE LIABILITY WAIVER

PLEASE PRINT LEGIBLY

Today's Date	
--------------	--

Parent/Guardian Information:

Last Name	First Name	Birth Date	Gender
			M F
Street Address		City	State Zip
Cell Phone	Email	Emergency Contact & Number	

Child's Information:

Full Name	Date of Birth	Comments/Allergies/Special Needs

LIABILITY WAIVER:

On behalf of myself and any other person upon whose behalf this form is now signed, I expressly understand and agree that neither the Town of Windsor, Colorado, a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees shall be held responsible nor subjected to any claim seeking to assess damages or establish liability for or arising from personal injury, property damage, or loss of any other sort as a result of actual or proposed participation in the program for which I am now registering, and I hereby agree to indemnify and hold the Town of Windsor, Colorado, its officers, agents, volunteers, assistants, or employees harmless on account of any such personal injury or property damage or other loss as aforesaid. I understand the Town assumes no liability for actions of service providers contract to conduct offsite programs.

Applicant Signature

Date

