

Waiver of Liability

Child's Name: _____ Date of Birth: _____

We, _____ parents/guardians

of _____, release Cheryl Birthrong and her substitutes of all liability should our child become injured while in her care. We will not sue or attempt to collect damages in the event of injury. All care will be taken to ensure that our child remains safe.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Caregiver Signature: _____

Date: _____