



Waiver and Release of Liability Form

Client Name: _____

Date Service Begins: _____

Service Provider/Company: Livingston Montessori School

Services: Early Education and Childcare

I, ON BEHALF OF MYSELF AND MY DEPENDENTS, HEREBY ASSUME ALL OF THE RISKS OF REQUESTING THIS SERVICE, including by way of example and not limitation, any risks that may arise from contracting COVID-19 from my Service Provider, gross negligence, negligence or carelessness on the part of the Service Provider and releasing my Service Provider its employees, officers, agents, directors and shareholders, from any and all liability from any medical condition, viruses, of the Service Provider and contracting such viruses from the Service Provider its employees, officers, agents, directors and shareholders, This Waiver and Release of Liability covers any negligence or gross negligence in relation to exposing me or my dependents to the COVID-19 virus from Service Provider while attending their facility.

I am responsible for determining whether a physical or medical examination should be undertaken before I or my dependents participate in the services being provided and I will abide by any determination, limitation, or recommendation that may be issued by my medical or health care provider. Before, during, and after the services, I am solely responsible for determining my and my dependent's health and physical status and whether I or my dependents can or should discontinue my participation in the services, or take other actions, to protect my own, and my dependents, health or safety. Service Provider assumes no duty to me or my dependents to ensure my physical or medical ability to participate in the services, whether before, during, or after the services.

I acknowledge that this Waiver and Release of Liability Form will govern my actions and responsibilities at said services, activity or event.

In consideration of providing services to me and/or my dependents, I hereby take action for myself, dependents, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this facility, THE FOLLOWING ENTITIES OR PERSONS: Service Provider ,its employees, officers, agents, directors and shareholders,

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in paragraph (A) from any and all liabilities or claims made as a result of participation in this service, activity or event, whether caused by the negligence of release or otherwise. My and my dependent's participation in the services is voluntary.

I acknowledge that Service Provider and its directors, officers, employees, representatives, and agents are NOT responsible for the contamination, errors, omissions, acts, or failures to act of any party or entity in conducting or providing the services.

Waiver and Release of Liability Form (cont.)

I acknowledge that this activity, event or service may carry with it the potential for death, serious injury, and property loss.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

ON BEHALF OF MYSELF AND MY DEPENDENTS

Print Name: _____

Date: _____

Signature: _____

List Dependents: _____