



STEPPING STONE UNIVERSITY PRESCHOOL,

"The Stepping stone into your child's future!"

WAIVER, RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

I, _____ (Parent 1 full name) and _____ (Parent 2 full name) _____, on behalf of myself and my next of kin, heirs and representatives, in consideration for allowing my child (child's name) _____, to participate in the licensed child care program at STEPPING STONE UNIVERSITY PRESCHOOL, release from all liability and promise not to sue STEPPING STONE UNIVERSITY PRESCHOOL, Ashtane Bixler and Austin Bixler, their employees, officers directors, volunteers and agents (collectively "SSUP") from any and all claims, including claims of SSUP's negligence, resulting in any physical or psychological injury (including paralysis or death), illness, damages, or economic or emotional loss myself or my child may suffer because of our participation in SSUP's child care program.

I am aware of the risks associated with traveling to/from SSUP, and participating in SSUP's child care program, which includes but are not limited to property damage, communicable diseases, natural or man made viruses, terrorist attacks, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, economic or emotional loss, and/or death.

I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the property upon which SSUP's child care program is facilitated. **Nonetheless, I assume all related risks, both known or unknown to me, of my participation and/or my child's participation in SSUP's child care program.**

I agree to **hold SSUP harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of our participation in SSUP's child care program. If me or my child needs medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health and automobile insurance. I shall also **indemnify** and **hold harmless** SSUP from any and all claims, demands, actions or suits arising out of or in connection with me or my child's participation in SSUP's child care program, and agree to reimburse SSUP's attorney's fees in connection with any suits.

Further, if SSUP, their employees, officers, directors, volunteers, and agents should sustain physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, economic or emotional loss, and/or death as a result of me or my child's negligence or inaction, I agree to pay all claims, including attorney's fees.

_____(initial)

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WWW.SSUPRESCHOOL.COM





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I HAVE CAREFULLY READ THIS WAIVER, RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL, and on behalf of MY CHILD, NEXT OF KIN, HEIRS and REPRESENTATIVES.

Date_____

Date_____

Signature/ Parent 1 or Guardian,
Individually, and on behalf of my minor
Child _____(Name of child)

Signature/ Parent 2 or Guardian,
Individually, and on behalf of my minor
Child _____(Name of child)

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