LIABILITY RELEASE (RELEASE OF ALL CLAIMS)

I, the undersigned parent(s) or legal guardian(s) for _____ do hereby release, forever discharge and agree to hold harmless Children's Choice and the representatives thereof from any and all expenses of any nature whatsoever which may be incurred by my child in the course of participation in **Children's Choice Early Learning Center and related activities.** I understand that there are certain risks inherent in Children's Choice services and activities. I give my child permission to participate in these activities and participation is on voluntary basis only.

I have been made aware of the scheduled activities and agree to assume all responsibility for any of the previously mentioned occurrences. I give authorization for Children's Choice to provide all necessary food and, if necessary, transportation.

I give permission for my child to participate in the aforementioned activities and for any representative of Children's Choice to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests, if necessary. I understand that every effort will be made to contact me prior to any treatment. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Children's Choice to secure and administer treatment, including hospitalization for my child.

I also consent to having my child's photograph and/or video used in center galleries. I understand that any and all videos recorded by the security cameras are property of Children's Choice and are not shared with anyone outside of the facility including the ability to watch them on the internet. I have been made aware that I can view the video of my child(ren)'s classroom from the Director's office.

Should my child have to be removed from the center for medical or disciplinary reasons, I hereby assume any costs incurred. I also understand that disciplinary infractions may result in my child barred from remaining activities without refund.

_____

Print Child's Name(s)

_____

Parent/Guardian Signature

_____

Date