

# Service Liability Waiver for Children's Programs

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Dear Parent/Guardian,

This document serves as a liability waiver for your child's participation in our children's programs. By signing this waiver, you acknowledge and accept the risks involved in your child's participation.

### Waiver of Liability

I, the undersigned, hereby waive and release any and all rights, claims, or causes of action against [Organization Name], its employees, volunteers, and agents for any injury or damage that may arise during my child's participation in the program.

### Medical Treatment Authorization

I, the undersigned, give permission for my child to receive medical treatment in the event of any injury or emergency.

**Child's Name:**

\_\_\_\_\_

**Parent/Guardian Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

Thank you for your understanding and cooperation.

Sincerely,

[Organization Name]