

## Supplemental Parent Acknowledgment



## Release and Waiver of Liability

In consideration for our family's continued enrollment in Wee Lad & Lassie/A Child's Garden programs and receipt of services we further agree as follows:

- We acknowledge that, if we choose to have our child enter the property and/or participate in programs, we do so voluntarily and at our own risk and that we hereby release, waive, discharge and covenant not to sue Wee Lad & Lassie/A Child's Garden, its officers, agents or employees ("Releasees") from and for any and all liability claims, demands, actions and causes of action of any kind or nature, including, but not limited to, claims of negligence, arising out of, or related to any loss or personal injury, including death, that our child or any member of our family may sustain from contracting, or being exposed to COVID-19, as the result of, of in any way related to, our child or any member of our family entering the property or participating in our programs.
- This release and waiver of liability shall be governed by the laws of the State of Maryland. We agree that if any portion of this release and waiver of liability is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
- We acknowledge that this release and waiver of liability will be binding on our family members, spouse, heirs, assigns, personal representatives and anyone else entitled to act on our, or our child's, behalf to the extent and that my signature below shall be deemed as a release, waiver, discharge and covenant not to sue the Releasees to the extent set forth above.

## PLEASE SIGN AND RETURN.

, , ,	3	we have read and fully understo e and have signed voluntarily an	
1. *Please		Parent / Guardian #2 uardians must sign this form exc	Date case
Child's name _		<del></del>	

While we certainly hope that it will not be the case, there may be future instances when it will be necessary for the program to close as the result of a public health emergency, such as the COVID-19 case. This may include, but will not necessary be limited to, instances when we are required to close in compliance with a federal, state or local government order or when the school is required or advised to close to address a confirmed or suspected case amongst staff or children. Please be advised that, in the event that we must close for any period of time due to a public health emergency, or virus quarantine, no refunds will be issued and tuition is due for the period of time we are closed.

## PLEASE SIGN AND RETURN

Child's name

-By signing below we acknowledge that we have read and fully understand the	2 Public
Health Emergency Closure Policy and have received a copy of our Supplement	al Family
Handbook.	

Signatures: Parent / Guardian #1	Parent / Guardian #2	Date
<ol> <li>*Please note that both parent of single parent families</li> </ol>	ts/guardians must sign this f	orm except in the case