

CHILDCARE RELEASE AND WAIVER OF LIABILITY

| CHILD/CHILDREN NAME(S) | DATE OF BIRTH |
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| , . | ian of the above named child/children and I/we agree, in taking advantagonless Sara Russell DBA The Twisted Yogini, its staff, and the facility from |
| any and all claims, demands, suits, costs and cha | ges, in connection with or arising out of the child care service, including, ildren, except only for loss, harms or injury occasioned by gross |
| I understand that childcare services are provided Yogini. | only while I am present in the building and taking a class with The Twisted |
| I understand that should my child become inconstruction and am responsible to leave class and at | plable and/or have a soiled diaper during the class session, I will be end to my child. |
| gree that I will not utilize The Twisted Yogini childcare services should my child demonstrate signs of illness (including but limited to fever, cough, diarrhea, etc)., or if my child has been exposed to any contagious illnesses. | |
| I have read the above release and waiver of liabili conditions stated above. | ry and fully understand its contents. I voluntarily agree to the terms and |
| | |
| NAME OF PARENT (PRINTED) | DATE |
| SIGNATURE | CONTACT INFORMATION |