21 Orchard Park Drive Greenville, SC 29615



info@KidsZoneUpstate.com (864) 270 - 5504

GENERAL RELEASE AND WAIVER OF CLAIMS AND EMERGENCY TRANSPORTATION

On behalf of myself and my minor child, my estate, heirs, administrators, executors and assigns, I hereby release, discharge and hold harmless KidsZone Drop-In Hourly Childcare ("KidsZone") from all liability and responsibility for all damages, claims, or causes of action, that my minor child or I may have for any loss, personal injury, or death, arising out of any injury or accident sustained by my child, which was not a result of KidsZone's negligence, including but not limited to, any injury or accident resulting from a food allergy, health issue, disability, or other issue unique to my child unless the food allergy, health issue, disability, or other issue was disclosed to KidsZone in the Registration form.

I hereby give permission to the Child Care Provider, KidsZone, to secure emergency medical and/or dental treatment, and to provide emergency transportation via ambulance for the above-named minor while in the care of KidsZone.

By my signature below, with full consideration I acknowledge that I have read, understand, and voluntarily agree to abide by **KidsZone Drop-In Hourly Childcare** Policies and Guidelines and agree to any emergency transportation needed; that I am at least eighteen (18) years of age and fully competent; and that I am the parent or legal guardian of minor child participant.

RELEASOR/PARTICIPANT/LEGAL GUARDIAN OF MINOR PARTICIPANT:

Print Name (Parent Name):		
Signature:		
Date:		
	PHOTO RELEASE	<u></u>
Do you give us permission to take phofield trips, or activities? These photos		ild(ren) during normal business hours, osite and social media.
YES	NO	
Child(ren) Names: 1:	2:	3: