[](http://www.google.com/url?sa=i&rct=j&q=daycare+logo&source=images&cd=&cad=rja&docid=X4vEuFcp_rszoM&tbnid=24J73FSriKN9VM:&ved=0CAUQjRw&url=http://bandrintergenerationalcare.iamamiripublishing.com/&ei=oR-aUcfSHILa8wTWuICIBA&psig=AFQjCNHtpRLg6vSrWN4yBcFjuudpSBMTTw&ust=1369141505386066)

Kathy Shilling

6417 Saddleback Drive

Denton, Texas 76210

ACKNOWLEDGE OF RISK AND WAIVER OF LIABILITY

I hereby give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend and participate in Kathy Shilling's daycare and any activities planned by Kathy Shilling.

I furthermore authorize Kathy Shilling in the event of illness or injury to administer emergency care and to arrange for any medical transportation to the nearest heath care facility deemed appropriate. I understand every effort will be made to contact the parent or guardian prior to any involved treatment. I grant permission to a qualified physician and /or other medical personnel to furnish medical care using the above guidelines while my child/children attend Kathy Shilling's daycare. I also agree that my insurance carrier or I will bear the financial responsibility for any medical treatment administered under the above guidelines. I, the undersigned, do hereby release and agree to hold harmless the Kathy Shilling from any and all liabilities or claims for personal injury or illness which may be incurred by my child while attending and participating in Kathy Shilling's Daycare and its activities.

I also understand that Kathy Shilling holds no liability insurance as described in the Parent Handbook of Policies signed and dated upon enrollment.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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