

Helping Families Grow Healthy Children.

CENTER:

VOLUNTEER/PARENT PARTICIPATION SIGN-IN SHEET

Release and Waiver of Liability

As a volunteer, guest or visitor, I do hereby expressly and specifically assume the risk of injury or harm and release B. J. Jordan Child Care Programs, Inc. dba Beanstalk from all liability for injury, illness, death, or property damage resulting from my activities with Beanstalk, whether by negligence of Beanstalk or its officers, directors, employees or agents, or otherwise. I do hereby release and forever discharge Beanstalk from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or services rendered in connection with my activities with Beanstalk. I understand that Beanstalk does not maintain health, medical, workers' compensation, or disability insurance for volunteers, guests, or visitors.

DATE	Signature	Start Time	End Time	Print Name	Child's Name
	l've read, understood, and agree to the above waiver statement.				
Please Sign —					
	I've read, understood, and agree to the above waiver statement.				
Please Sign —					
	I've read, understood, and agree to the above waiver statement.				
Please Sign —					
	l've read, understood, and agree to the above waiver statement.				
Please Sign —					
U	l've read, understood, and agree to the above waiver statement.				
Please Sign —	•				