

**INFANTS IN THE WORKPLACE – WAIVER OF LIABILITY**

This form is used by the parent and designated care providers seeking approval to participate in the Infants in the Workplace Program.

Parent – Complete, sign, obtain both care providers’ signatures, and submit with your Parent Agreement.

**PARENT’S SECTION**

I desire to participate in the Northwest Educational Service District (NWESD) Infants in the Workplace Program. In consideration for the opportunity to participate in the Infants in the Workplace Program, I voluntarily agree to assume all risks involved in my and my infant’s participation in the program. I hereby release, waive, discharge and agree to hold harmless, for any and all purposes the NWESD and its officers, agents, or employees from any and all liabilities, claims, demands, or injury that may be sustained by me or my infant while participating in the program, or while on the premises owned or leased by NWESD.

I further agree to assume full responsibility for any risks of loss, property damage or personal injury, including death, which may be sustained by me or my infant as a result of participating in this program. In addition, I agree to indemnify and hold harmless the NWESD for any loss, liability, damage or cost, including court costs and attorneys’ fees that may occur as a result of my participation in Infants in the Workplace program.

Parent Name	Parent Signature	Date
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Infant Name
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**CARE PROVIDERS’ SECTION**

I desire to participate in the Northwest Educational Service District (NWESD) Infants in the Workplace Program. In consideration for the opportunity to participate in the Infants in the Workplace Program, I voluntarily agree to assume all risks involved in my participation in the program. I hereby release, waive, discharge and agree to hold harmless, for any and all purposes the NWESD and its officers, agents, or employees from any and all liabilities, claims, demands, or injury that may be sustained by me while participating in the program or while on the premises owned or leased by NWESD.

I further agree to assume full responsibility for any risks of loss, property damage or personal injury, including death, which may be sustained by me as a result of participating in this program. In addition, I agree to indemnify and hold harmless the NWESD for any loss, liability, damage or cost, including court costs and attorneys’ fees that may occur as a result of my participation in Infants in the Workplace program.

Care Provider Name	Care Provider Signature	Date
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Care Provider Name	Care Provider Signature	Date
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