



# Valley Kids Care

## ACKNOWLEDGE OF RISK AND WAIVER OF LIABILITY

I hereby give my permission for \_\_\_\_\_ to attend and participate in Valley Kids Care daycare and any activities planned by Adrianna Runnels.

I furthermore authorize Valley Kids Care LLC in the event of illness or injury to administer emergency care and to arrange for any medical transportation to the nearest health 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 Valley Kids Care. 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 Valley Kids Care from any and all liabilities or claims for personal injury or illness which may be incurred by my child while attending and participating in Valley Kids Care and its activities.

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

Parent's Signature: \_\_\_\_\_

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