

Learning Horizon Child Care and Learning Center L.L.C. Liability, Medical, & Media Release Form:

Child's Name: _____ **Birthday:** _____

Child's Name: _____ **Birthday:** _____

Child's Name: _____ **Birthday:** _____

LIABILITY RELEASE

Every activity held by Learning Horizon is carefully planned and closely supervised by the provider(s)/ teacher(s). However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in all center related activities. They also agree not to hold Learning Horizon, its owner, employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. They agree to release and discharge Learning Horizon, its owner, employees or volunteer assistants from any and all claims for personal injuries or property damage he/she may suffer as a result of his/her participation in Learning Horizon activities, whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individuals named or described above.

MEDICAL RELEASE

Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor had been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the Medical Practice provisions of the state of Washington or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the Dental Practice provisions of the state of Washington. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. This authorization shall remain effective until terminated in writing and delivered to the provider(s)/teacher(s) at Learning Horizon.

RELEASE OF LEARNING HORIZON PHOTOS/VIDEO

Learning Horizon has the right to use any photo and/or any film taken of my son/daughter in any Learning Horizon publication / film / website. I realize that any photos and/or film taken of my child will be used for class promotion only and will not be distributed beyond this use.

I give my consent to the Release of Photos/Video _____ (please check if applicable)

I do not give consent to the Release of Photos/Video _____ (please check if applicable)

My signature below indicates that I have read and fully agree with all registration policies stated herein.

Mother/Guardians Signature	Date	Father/Guardians Signature	Date
Street Address		City	zip Code
Telephone Number (And Area Code):			