

**RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION AND AGREEMENT  
NOT TO SUE**

I, \_\_\_\_\_, authorize \_\_\_\_\_ to participate in all **KINDER MOMS** related activities. I understand the risks, dangers and hazards that are associated with my and my child's participation in **KINDER MOMS** activities. I understand that the risks, dangers and hazards may result in property damage and/or physical injury.

In consideration of me and my child being permitted to participate in **KINDER MOMS** activities, I agree to assume full responsibility for all risks. I further agree to release, waive, and covenant not to sue **KINDER MOMS**, its legal representatives and assigns, licensees, those for whom **KINDER MOMS** is acting and those with its authority and permission from and against any and all liability, claims, demands, actions, causes of action, suits in equity, whatsoever arising out of or related to any loss, damage, or injury whether caused by the negligence of **KINDER MOMS** or otherwise, that may be sustained by me or my child while participating in **KINDER MOMS** or in any related activity or while in or upon the premises where **KINDER MOMS** and related activities are being conducted or while being transported to, from or in connection with **KINDER MOMS**. I further agree to indemnify **KINDER MOMS** from liability claims, demands, actions, causes of action, or suits in equity arising out of loss, damage or injury that occurs as a result of me or my child's negligent or intentional act or omission while participating in **KINDER MOMS** and in related activities.

I understand and agree that **KINDER MOMS** is granted permission to authorize medical treatment, if necessary, for me or my child and that such action by **KINDER MOMS** shall be subject to the terms of this Release, Waiver, Indemnification and Agreement not to Sue. I understand and agree that **KINDER MOMS** assumes no responsibility for any injury or damage to me or my child or for any related cost which might arise out of or in connection with such authorized medical treatment whether caused by the negligence of **KINDER MOMS** or otherwise. I understand that I am strongly urged by **KINDER MOMS** to obtain adequate health insurance to pay any medical costs that may be attendant as a result of injury to me or my child and that **KINDER MOMS** is not responsible if I fail to do so.

In signing this document, I acknowledge and represent that I have carefully read and understand its contents and that I sign as my own free will and on behalf of me and my child named above. I agree to the terms of this Release, Waiver, Indemnification and Agreement not to Sue and I agree to follow all instructions and procedures in order to maintain the safety of me and my child while attending all **KINDER MOMS** related activities.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date