

LIABILITY WAIVER AND RELEASE

PARTICIPANT INFORMATION:

Name: _____

Child's Name: _____

Date of Birth: _____

ORGANIZATION INFORMATION:

Name: The 4th Trimester - Mommy and Me

WAIVER AND RELEASE:

In consideration of being allowed to participate in activities hosted by The 4th Trimester - Mommy and Me, I, the undersigned, on behalf of myself and my child, hereby acknowledge and agree as follows:

1. **Services Not a Replacement for Medical Care:** I understand that the services rendered by The 4th Trimester - Mommy and Me are not a replacement for the medical care and advice provided by my child's physician. I will not rely solely on the services provided by The 4th Trimester - Mommy and Me for my child's medical or health needs.
2. **Medical Clearance:** I certify that my child does not have any known medical issues, cognitive, physical, or otherwise, that would prevent them from participating in activities hosted by The 4th Trimester - Mommy and Me. If my child has any medical issues, I will obtain clearance from my child's physician prior to participating in any activities.
3. **Assumption of Risk:** I understand that there are risks associated with participating in activities hosted by The 4th Trimester - Mommy and Me, including but not limited to physical injury or illness. I assume all risks and liabilities associated with my child's participation in such activities.
4. **Release and Hold Harmless:** I hereby release and hold harmless The 4th Trimester - Mommy and Me, its officers, directors, employees, agents, and volunteers from any and all claims, demands, actions, or causes of action that may arise from any damage or injury to me or my child, including but not limited to any alleged negligent act or omission of The 4th Trimester - Mommy and Me.
5. **Indemnification:** I agree to indemnify and hold The 4th Trimester - Mommy and Me harmless from any and all claims, demands, actions, or causes of action that may arise from any damage or injury to me or my child, including but not limited to any alleged negligent act or omission of The 4th Trimester - Mommy and Me.

SIGNATURE:

I, the undersigned, have read and understood the terms of this Liability Waiver and Release. I hereby acknowledge and agree to the terms and conditions set forth above.

Signature: _____

Date: _____