

Liability Form

Name of Parent: _	
Allergy/Medical Concerns of any kind:	
Child's Name:	
l,	(the parent) of
	(child/children – list all children that
may attend) am lea	ving my child with the babysitting service at
Kids in Motion and	hereby release and waive against all claims of
Kids in Motion, its	agents, employees, volunteers,
representatives, o	ficers, directors, from injuries, damages arising
from injuries relati	ng to my child or children's participation at the
babysitting at Kids	in Motion. I further agree to indemnify, save
and hold Indemnit	es harmless from any loss, liability, attorney
fees, damage or co	ost that they (or any of them) may incur out of
or related to the b	abysitting services offered by Kids in Motion
whether Kids in M	otion cause the negligence of the indemnities
or otherwise.	
Parent Signature _	
Date	