

**I WOULD LIKE TO REGISTER MY CHILD FOR THE
PROGRAM
SPONSORED BY THE “It Takes a Village” Parents Group**

NAME OF CHILD: _____	
Birthdate: _____	Contact Tel Number: _____
Allergies: Yes No if Yes Please list: _____	

Medical intervention required: Yes No if yes explain	

WAIVER

Agreement & Release of Liability	
I (Print name of parent/Guardian) _____ do hereby waive, release and forever discharge “It Takes a Village” Parents Group their volunteers from any and all responsibility (including death) for damages resulting from my child’s participation in any activity sponsored by “It Takes a Village” Parents Group. I do also hereby release the abovementioned and any others acting upon their behalf from any responsibility or liability for any injury (including death) or damage to my child caused by the negligent act of representatives of “It Takes a Village” Parents Group.	
I acknowledge and I have read understood and agree to the contents of this Agreement and Release of Liability in its entirety.	
_____	_____
Signature of Parent/Guardian	Date