



CHILD CARE WAIVER OF LIABILITY
HOLD HARMLESS & WAIVER RELEASE
FOR BABYSITTING OR COMPANION CARE SERVICES
BY CARE PROVIDER CONSULTANTS OF THE SPECIAL NEEDS PARENT CAFÉ, LLC (aka SNPC)

BABYSITTING/COMPANION CARE SERVICES:

I/We _____ (Parent(s)/Guardian), of the child/children listed below am leaving my child/children with the babysitting care provider consultant of the Special Needs Parent Café, LLC (The SNPC) and hereby release and waive against all claim of The SNPC, its agents, employees, care provider consultants, volunteers, representatives, directors from injuries, damages arising from injuries relating to my child’s/children’s participation in the babysitting or companion care service offered through The SNPC. I further agree to indemnify, save and hold indemnities harmless from any loss, liability, attorney fees, damage or cost that they (or any of them) may incur out of or related to the babysitting service offered by The SNPC.

In the case of a medical or behavioral emergency, I/we hereby grant permission for The Special Needs Parent Café, LLC, and its care provider consultants full authority to take whatever actions they deem necessary regarding my child’s health and safety in the event I cannot be reached or in the situation where time is of the essence; and fully release The SNPC and its care provider consultants from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, behavioral crisis team, private physician and/or hospital or emergency health care facility staff, if needed. Any such action will be taken in the best interest of my child, or adult with special needs, and will be reported to me as soon as possible.

Name of Parent/Guardian (1): _____ Phone Contact _____
Name of Parent/Guardian (2): _____ Phone Contact _____
Optional Additional Contact (3) _____ Phone Contact _____

Child’s Name: _____ Birthdate: _____

- Diagnosis/Special Needs _____
- Food Allergies _____ Epipen : Yes or No (Circle)
- Other allergies: _____
- Medications taken: _____
- Behavior issues: _____

Sibling: _____ age: _____
Sibling: _____ age: _____
Sibling: _____ age: _____

Medical Insurance Company _____ Policy # _____
Pediatrician Name: _____ Telephone # _____
Specialist Name: _____ Telephone # _____
Preferred Hospital: _____

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

WAIVER OF LIABILITY
HOLD HARMLESS & WAIVER RELEASE
TRANSPORTATION OF A MINOR
BY CARE PROVIDER CONSULTANTS OF THE SPECIAL NEEDS PARENT CAFÉ, LLC (aka The SNPC)

TRANSPORTATION OF MINOR OR ADULT WITH SPECIAL NEEDS

In consideration of my minor child or adult with disability being allowed to be transported by automobile by a care provider consultant of The Special Needs Parent Café, LLC, (The SNPC) as the Parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury associated with being transported by automobile by a care provider consultant of The SNPC. I agree to assume the full risk of injuries that may be sustained by any minor child of mine, as a result of being transported by automobile by a care provider consultant of The SNPC and all activities connected or associated therewith.

I do hereby fully release and discharge The SNPC and its care provider consultants, agents, employees, directors from any and all claims from injuries, damages or loss which I, or any minor child/adult with special needs may have or which may occur to my minor child/adult with special needs on account of his/her being transported by automobile by a care provider consultant of The SNPC. I further agree to indemnify and hold harmless and defend The Special Needs Parent Café, LLC, its agents, care provider consultants, and directors from any and all claims sustained by me or my minor child or adult with special needs, and arising out of, connected with, or in any way associated with being transported by automobile by a care provider consultant of The SNPC.

I have read and fully understand the above Waiver and Release of all claims.

Name(s) of Minor

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

