



Babysitting Release Form

Parent's Name: _____

Child's Name: _____

Address: _____

Phone Number: _____

Cell Number: _____

In case of Emergency Contact: _____

Emergency Contact Number: _____

Allergies, physical ailments, any abnormalities we should be aware of, etc:

I hereby accept any and all responsibility for and assume the risk of any and all injury or damage to my person or dependent children which might arise directly or indirectly as a result of, and a participation in the Academy Babysitting program. I hereby expressly release discharge and hold harmless from any liability whatsoever the Academy and all employees in their capacities as representatives of the Academy. I certify I am familiar with the contents of this release. I have read and understand and it is my intention that by signing this that the same be binding on me and my heirs, administrators, executors and assignees.

Signed by parent or legal guardian

Date