

# moksha yoga winnipeg drop-in childcare

## release & waiver of liability

- ☞ I agree that I will be on the premises of 1090 Waverley at all times that my child under the care of Moksha Yoga Winnipeg staff.
- ☞ I understand that the premises are not nut free.
- ☞ I understand that I will be billed \$5.00 per hr. per child.
- ☞ I agree to call in advance to register my child. If the daycare is full at the given time, I will not be able to drop my children off.

In consideration of the acceptance of my registration for the activities and programs offered or sponsored by Moksha Yoga Winnipeg, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, promise not to sue, and hereby waive, release and discharge Moksha Yoga Winnipeg and anyone acting for or on its behalf, from any and all claims of liability for personal injury, illness, loss of life or property damage of any kind or nature, arising out of or sustained in the course of my participation in the activities and programs offered or sponsored by Moksha Yoga Winnipeg or attending Moksha Yoga related events both on and off of the Moksha Yoga Winnipeg Premises. This Release and Waiver applies to all claims, foreseen or unforeseen, including negligence and breach of statutory or other duty of care (including that owed under The Occupier's Liability Act).

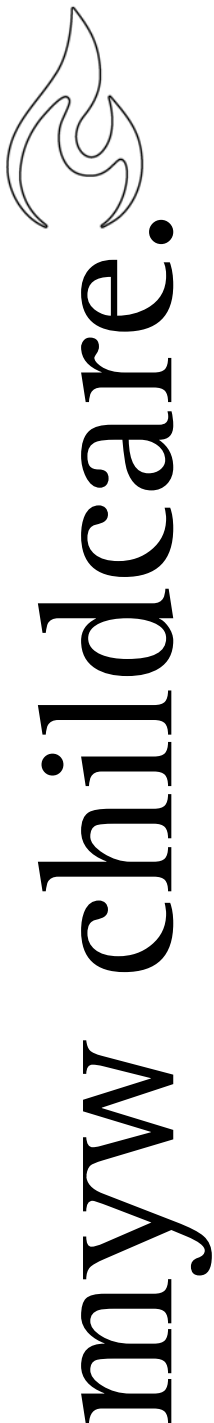
I agree that this Agreement and Release and Waiver is intended to be as broad and inclusive as permitted by law. Any provision found to be invalid or unenforceable by a court shall not affect the validity or enforceability of any other provision.

I have read this document carefully and acknowledge that I have complete knowledge and understanding of its contents. I recognize that by signing this document I am waiving certain legal rights, including the right to sue. I am signing this document voluntarily.

name of parent. (please print) \_\_\_\_\_

signature of parent. \_\_\_\_\_

date. [ mm / dd / yy ] \_\_\_\_\_



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name of parent. \_\_\_\_\_ contact #. \_\_\_\_\_

person (s) authorized to pick-up child. \_\_\_\_\_

child's name.
date of birth.
nickname(s).
Allergies.
specific notes.

child's name.
date of birth.
nickname(s).
Allergies.
specific notes.

child's name.
date of birth.
nickname(s).
Allergies.
specific notes.

child's name.
date of birth.
nickname(s).
Allergies.
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