



1655 SW Laurel St  
Lake Oswego, 97034  
971.533.6908  
oonasplaycare@gmail.com

# Release of Liability Agreement

**Child's Name** \_\_\_\_\_

**Parents Name** \_\_\_\_\_

I acknowledge, by signing this agreement, I am releasing Oona's PlayCare, and the property owners of 1655 SW Laurel St. Lake Oswego, 97034 and its respective agents and affiliates, (collectively "releasees") from liability. This waiver and release is a contract with legal consequences. I have been advised to read it carefully before signing.

## Liability Disclaimer and Notices:

I individually as a parent and/or guardian of the minor child identified above hereby acknowledge the following notices and grant to Oona's PlayCare the following release from liability:

1. I acknowledge and fully understand that I, or my child, will be engaging in physical activities that may involve some risk of injury. I acknowledge and have been advised that it is my responsibility to consult with my or my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my or my child's participation. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by my child which might incur as a result of participating in this program and discharge and hold harmless Oona's PlayCare, its owners, directors, members, employees, agents and property owners of 1655 SW Laurel ST Lake Oswego, 97034 from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons or property caused by myself or my child's participation in Oona's PlayCare.

2. I agree it is my sole responsibility to be familiar with the releasees' rules and any special regulations. I understand and agree that situations may



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arise which may be beyond the immediate control of the releasees. I will comply with the requirements of any rules or regulations of Oona's PlayCare. My child has no physical or mental condition, which to my knowledge would endanger him/herself or others if he/she participates in this program, or would interfere with his/her ability to participate in this program.

3. I agree/disagree (circle one) to give Oona's PlayCare permission to use photographs of myself or my child for any Oona's PlayCare promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use. By signing below I acknowledge that I have read, understand and agree to the Oona's PlayCare policies. I understand that by signing this waiver, I release and hold harmless Oona's Playcare, and its home owners, directors, employees, contractors and all other persons or entities acting for them from any liability as a result of personal injury or property damage occurring while the above child is in their program.

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**Parent Signature**

**Print Name**

**Date:** \_\_\_\_\_