**WAIVER OF LIABILITY – Infants at Work**

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| ***Related Policy:*** [HR.01.35 Infants at Work](http://sp.des.wa.gov/des/Documents/InfantsintheWorkplacePolicy.pdf) |
| ***About this form:*** This form is used by a parent and their designated care giver(s) when requesting to participate in the agency Infants at Work Program.* Parent - Complete, sign and provide to your supervisor with your [Parent Agreement](http://sp.des.wa.gov/des/Documents/ParentAgreement.docx);
* Care provider - Complete, sign and provide to your supervisor with your [Care Provider Agreement.](http://sp.des.wa.gov/des/Documents/CareProviderAgreement.docx)
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| **Parent** |

I,       (Parent), desire to participate in the Department of Enterprise Services (DES) Infants at Work Program.

In consideration for the opportunity to participate in Infants at Work, I voluntarily agree to assume all risks involved in my and my infant’s participation in the program. I hereby release, waive, discharge and agree to hold harmless, for any and all purposes, DES and its officers, agents, or employees from any and all liabilities, claims, demands, or injury that may be sustained by me or my infant while participating in the program, or while on the premises owned or leased by DES and the State of Washington.

I further agree to assume full responsibility for any risks of loss, property damage or personal injury, including death, which may be sustained by me or my infant as a result of participating in this program. In addition, I agree to indemnify and hold harmless DES and the State of Washington for any loss, liability, damage or cost, including court costs and attorneys’ fees that may occur as a result of my participation in Infants at Work.

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| **Care Giver** |

I,       (Care Giver), desire to participate in the Department of Enterprise Services (DES) Infants at Work Program.

In consideration for the opportunity to participate in Infants at Work, I voluntarily agree to assume all risks involved in my participation in the program. I hereby release, waive, discharge and agree to hold harmless, for any and all purposes, DES and its officers, agents, or employees from any and all liabilities, claims, demands, or injury that may be sustained by me while participating in the program or while on the premises owned or leased by DES and the State of Washington.

I further agree to assume full responsibility for any risks of loss, property damage or personal injury, including death, which may be sustained by me as a result of participating in this program. In addition, I agree to indemnify and hold harmless DES and the State of Washington for any loss, liability, damage or cost, including court costs and attorneys’ fees that may occur as a result of my participation in Infants at Work.

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| Parent Name:       | Parent Signature:  | Date:       |
| Infant Name:       |  |
| Care Giver Name:       | Care Giver Signature:  | Date:       |
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