



COVID-19 Waiver

Families 4 Families will not be held responsible for any sickness due to agency-related events.

I voluntarily, for myself and minors, accept and assume full responsibility for these risks in participation in Date Night.

BY SIGNING THIS AGREEMENT, YOU ARE RELEASING FAMILIES 4 FAMILIES FROM ALL LIABILITY AND CLAIMS.

List All Children's Names:

Parent Guardian(s) Signature: _____

Parent Guardian(s) Name (Print Clearly): _____

Date: _____