



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 Families 4 Families Events.

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

List All Children's Names (If applicable for childcare)

Parent Guardian(s) / Parties Signature: _____

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

Date: _____