GOLDEN BLOOM LEARNING & CARE LLC

CHILDCARE LIABILITY WAIVER & ACKNOWLEDGMENT

Where Learning Blossoms & Care Comes First

IMPORTANT

This is a general business form and should be reviewed by a Georgia-licensed attorney before Golden Bloom relies on it as a final legal waiver.

Child's Full Name: _____
Parent/Guardian Name: _____

PARENT/GUARDIAN REPRESENTATIONS

I confirm that I am the child's parent or legal guardian, or otherwise have authority to authorize the child's participation in Golden Bloom Learning & Care LLC childcare services. I confirm that the health, allergy, medication, emergency contact, developmental, and pickup information I provide is accurate to the best of my knowledge.

ORDINARY RISKS OF CHILDCARE

I understand that childcare and age-appropriate play can involve ordinary risks, including minor falls, bumps, scratches, contact with toys or equipment, and other incidental injuries that can occur even when reasonable supervision and safety precautions are used.

EMERGENCY CARE

If an urgent medical situation occurs and I cannot be reached promptly, I authorize Golden Bloom Learning & Care LLC to contact emergency medical services and take reasonable steps to protect my child's immediate health and safety. I understand that I remain responsible for my child's medical expenses unless otherwise required by law.

HEALTH & SAFETY RESPONSIBILITIES

I agree to provide timely information about illness, allergies, medical conditions, dietary restrictions, emergency medications, developmental considerations, and other circumstances relevant to my child's safe care. I agree not to knowingly bring my child to care when the child has symptoms or a contagious condition that conflicts with Golden Bloom's illness policy.

PERSONAL BELONGINGS

I understand that personal belongings should be labeled and unnecessary valuables should remain at home. Golden Bloom will use reasonable care with belongings but cannot guarantee against ordinary loss or damage.

ACKNOWLEDGMENT OF RISK AND APPLICABLE LAW

I acknowledge the ordinary risks associated with childcare services. Nothing in this document is intended to waive any right or responsibility that cannot legally be waived, or to excuse gross negligence, reckless conduct, intentional misconduct, or any other liability that applicable law does not permit to be released.

POLICY ACKNOWLEDGMENT

I acknowledge that I have received or been given access to Golden Bloom's applicable health and safety, attendance, pickup, emergency, and payment policies. I understand that I may ask questions before signing.

SIGNATURE

I have read this document and understand its contents.

Parent/Guardian Name: _____
Signature: _____ Date: _____
Child's Name: _____

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