

Shivon O'Brien

Release Form

Liability Waiver

I the undersigned, understand that Shivon O'Brien does not provide any insurance coverage for any activities or programs that my child(ren) may participate in. Additionally, I and my family shall hold harmless Shivon O'Brien from any liability and/or responsibility for any accident, illness or injury that occurs while under the care of Shivon O'Brien.

Parent or Guardian's Signature:

X _____

Contract Agreement

I agree to pay Shivon O'Brien for the agreed upon rate for services rendered and abide by the cancellation policy.

Parent or Guardian's Signature: X

I request that the nanny, Shivon O'Brien, seek emergency medical care for my child, should this be necessary.

In an emergency, I expect to be contacted at #

Or as a backup you can try #

Our plans are to be at:

Please inform Shivon O'Brien if you have a change of plans

Emergency Contact Information

FAMILY DOCTOR, FRIEND or RELATIVE. Name: _____

Phone #: _____

Parent or Guardian's Signature: X
